V. S. No. 1

	S	TATE C	OF MA	RYLAND-	-CERTIFICATE OF DEATH	2500
1. PLACE	OF DEAT	r H .legany			Dr.Bowen.	/
County					-	
Village	or City	ODMBERI	AND?	Md	No. 536. Eastern. Ave St., 5-	ward
Length o	of residenca in ci	ty or town where	deeth occurred	yrsm	osds. How long in U.S. If of foreign birth?yrsmos	sds.
2. FULL	NAME_A	da.P.Ar	ern.		If U. S. Veteran, specify WAR	
	sidence: No		erland	· Md	St., Ward.	
(-)			(Usual)	place of abode)	If nonresident give city or town and S	State
PERS	SONAL AN	D STATIST	ICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
Femal		r or race hite	5. SINGLE, OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH Dec 25.1937 (Month) (Dev)	193
5a. If married, 1 HUSBAND (or) WIFE		dward	Ahe	rn.	22. I HEREBY CERTIFY. That I ettended of	leceasad fron
& DATE OF BU	PTII (month day	y, and yeer) Se	ent. 10	.1885	Asserting the on before my asse:	: death is sele
7. AGE	Years	Months	Deys		to heve occurred on the dete stated above, et 9.45m.Pm	1,
	52	3	15	f day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade,	profession, or pa	es SPINNER, PER, etc.	louse		Chronic Stogocardit	Date of onset
9. industr	y or business in k wes done, as S	which				
	eceased last work occupation (mo	nth and	f1. T	otel time (years) spant in this occupation		
	CE (city or town)	N	ld.		Other Contributory Causes of importance: Cente Fulmoning China	17-23
13. NAME	0,9	gustas E	Bernar	d		
	PLACE (city or to ate or country)	own)		Md	Nama of operation	
		izabeth	u Da	wn a wd	Whet test confirmed diegnosts? Wes there en a	
6. BIRTHE	PLACE (city or to	mu)		11.3	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury	
f7. INFORMAN		n.H.Bel		•Cumberla	Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
f8. BURIAL, CR	EMATION, OR F	REMOVAL			Manner of Injury	
Place	Swanto	m_Md	Date De	c.28.1937	Nature of injury	
19. UNDERTAK (Addres	EK	hn.C.Wo	olford land.	Md	24. Was diseese or injury In any wey releted to occupation of deceesed? If so, specify	
20. FILED	ec 27.	1937 8.	Haus	klin, M. K. Registrar.	(Signed) (Address)	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN 0 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

MARGIN RESERVED

Registrar.

(Signad)

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	Example I		Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 6 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	I SHAFALI V. S.	July 5,1927	Peritonitis	3 days ago
	and the second s			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
--	-----------

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County allegury	Registration Dist. No. (4
Village or City Chimbelland	No. 1 (If death occurred in a population institution, give its NAME instead of street and number)
Langth of rasidenca In city or town where death occurredyrs	mosdy. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME trank William Cun	old if U. S. Veteran, specify WAR
(a) Residence: No. 109 Shand and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DUTORCED (write the worse)	21. DATE OF DEATH December 30, 1937 (Month) (Day) (Year)
5a. If marriad, widowed, or disporced HUSBAND or (or) WIFE of Many Jeans Currola	22. HEREBY CERTIFY, That I attanded decaesed from Dec. 29 1937, to Dec. 30 19 37.
6. DATE OF BIRTH (month, day, and year) ang 9, 189	2
7. AGE Years Months Days If LESS than	
45 4 2/ 1 day,	ware as fallows:
8. Trada profession or particular	Fractured skull 12729,
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased law worked at this necuration (Aponth and Company).	Coused by a railroad socidents 37
10. Date deceased last worked at this occupation (month end) spent in this year) spent in this / occupation	Bard O. A. Res at Sir John's Run, md.
12. BIRTHPLACE (city or town) 2 mislimed	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME We Cunold	
13. NAME 11. BIRTHPLACE (city or town) 2 and 12 (State or country)	Name of operation_None Date of What tast confirmed diagnosis? X-ray Was there en autopsy? No
15. MAIDEN NAME Mary Rouse	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Amy Source (State or country)	Accident, suicida, or homicida? Accident Data of Injury 12/29 19 37 Where did injury occur? Sir Johns Run, Mary Land.
17. INFORMANT Phy Gunold (Address) 10 3 Sured and	Spacify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE Was found with fractured skull.
18. BURIAL, CREMATION, OR REMOVAL Place Les Data Data 1. 195	8 Manner of Injury Fractured skull.
19. UNDERTAKER wolf Hafts and met	24. Was disease or injury in any was related to occupation of decaased? Yes
20. FILED Dec 31, 1937 Jak Hareklen, M. A. Registrar.	(Signed) M. D. (Address) Alos, Centre St., Cumb.
If more blanks are needed, address State Revisi	Tar. 2411 N. Charles Street Baltimore Requestion 71 S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 6 1929			
Other contributory causes of importance S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

20. FILED Dec 14 , 1937 9

THIN CORPORATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Circle bestland Zyd.	Registration Dist. No. 4 No. allegany Hospitalst., 4-1 Ward
	If death-occurred in a hospital or institution, eve its NAMH instead of street and number) s. Log. ds. How long in U.S. if of foreign birth?
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (20 rife tha word)	21. DATE OF DEATH /2, 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Cosner aut.	22. I HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h alive on, 19, 19, death is said to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Probable a full 12.12.
to Oata deceased last worked at this occupation (month and spent in this spent in this spent in this	of weeky
12. BIRTHPLACE (city or town) Brushy Run (State or country)	Other Contributary Causes of importation of Contributary Causes of Contributary C
13. NAME Franks Cult 14. BIRTHPLACE (city or town) (State or country)	Name of operation Deta of Deta of
15. MAIDEN NAME Mary Eliza George 16. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Date of injury Where did injury occur?
17. INFORMANT Was Permie automotion (Address) Flantatone and Route#/	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Piaca Maysuelle W. W. Date Acc 15, 1937	Manner of Injury Outomobile serident
19. UNDERTAKER Jacob Hafer Had	24. Was diseasa or injury in any way related to occupation of deceased?

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signad)___

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- 1	Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	i JAN 6 1993	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	pritis UNIV U 1998	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:	11.0	Other contributory causes of importance:	Sec.
Gallstones		May 1,1923	Gastroenteritis	1 year

VITHIN	COR	PORATE LIMITSTATE OF MARYLAND-	CERTIFICATE OF DEATH 12504		
infor	dh	1. PLACE OF DEATH	(95-2)		
of pli	OCCUP	County Hellgan	Registration Dist. No.		
item of		Village or City Ambuland	No. 328. Jayette st. 1-2 Ward		
•	t of		death occurred in a hospital or institution, give the NAME instead of street and number) ds. How long In U.S. if of foreign birth?		
D. Every SICIANS	statement	2. FULL NAME Rebecca Baird	/ If U. S. Veteran, specify WAR		
OI E	ater	(a) Residence: No. 328. Fayette	St Ward.		
CORD.		(Usual place of abode)	If nonresident give city or town and State		
20 2	xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NT RI		3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temale On Divorced (write the word)	21. DATE OF DEATH 28 , 193.7 (Month) (Day) (Yaar)		
BINDING ERMANE	ssified	5a. If married, widowed, or divorced HUSBAND of Absole Baird	22. I HEREBY CERTIFY. Thet I attended deceased from		
IN]	cla	6. DATE OF BIRTH (month, day, end year) Dec 24, 1863	I last saw harman aliva on 1937 death is said		
· · · · · · · · · · · · · · · · · · ·	properly certificate	6. DATE OF BIRTH (month, day, end year) AUC Z4, /863. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 30 17m.		
FOR IS A stated	proper	74 0 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were es follows:		
- 10 -		8 Trada grofassion or particular	Organis Het Done Oate of onset		
EH	of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata decased last worked at 11. Total tima (years)	Chronic Myrend iten		
ERV VK-T	may	9. Industry or business in which work was done, as SILK MILL, Own House	(Branery / Masser 1 77		
RESER G INK-	t it on	10. Oata decaased last worked at this occupetion (month and year) 11. Total tima (years) spent in this occupation	777/		
. Z 4	erms, so tha instructions	12. BIRTHPLACE (city or town) Vaw Vaw	Other Contributory Causes of Importance:		
GI AI	ıs, i	(Stata or country)	- Chanci nego white		
MARGIN UNFADI		14. BIRTHPLACE (city or town) www.bulland			
M I	in t	4. BIRTHPLACE (city or town) WWWWWWW (Stata or country)	Neme of operation Data of		
WXW	ola		What test confirmed diagnosis?		
ref	EATH in pin pin pin pin pin pin pin pin pin	TO DE	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?		
LY	EATH	O 16. BIRTHPLACE (city or town) / Canal Grant (State or country)	Where did injury occur?		
PLAENI	AN	17. INFORMANT Ralph Band (Address) 214. Faculty St. Cut.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Sho P	OF s ver	18. BURIAL CREMATION, OR REMOVAL	Manner of Injury		
RITI	E A	Place Rose Hill Com Date Dec 31, 1937	Nature of Injury		
WE.	39	19. UNDERTAKER & S. OSuttles	24. Was disease or Injury In any way related to occupation of dacaased?		
No.	9	(Addrass) (muleland ma	if so, specify		
, Z		20. FILED Sec. 3/, 193 / P. Tranklin, M. N.	(Signed) M. D.		
by hal	1	Registrar.	(Address)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	L. W. Li	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 6 1938	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.	1			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

VITHIN CORP	STATE OF MARYLAND	CERTIFICATE OF DEATH 12505
infor- state UPA-	1. PLACE OF DEATH	(89-E)
* 1	County allegany	Registration Dist. No.
tem of should	Village or City Churcharland	No. allegany Lostita St. 4-/ Ward
NS NS		death occurred in a hospital of institution, give its NAME instead of areet and number) ds, How long in U.S. If of twelgn birth?
Every CIANS ement	2. FULL NAME Matilda Rica Barne	nel If U. S. Veteran, specify WAR
RD. YSIC state	(a) Residence: No. 516 Marshall	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RE Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
EX.	Temale white Divorced.	Decuber 10, 193.7 (Month) (Day) (year)
NDING RMANEN X A C T L	Sa. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I ettended deceased from
BINDIN EXAC y classificte.	(OT) WIFE OF Walter Scott Barncord	Usoruba 30, 1937, 10 December 10, 1937
	6. DATE OF BIRTII (month, day, and year) 0 20, 1889	I last saw had alive on Alexander 10, 1932; daath is said
FOR B IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the dete stated above, at 4.237.6.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
FO IS stat properties	Trade, profession, or particular	ware as follows: Oate of onset
ED HIS be pe of	kind of work done, as SPINNER General Work.	Blatel aux alike majeria 11/28/37
VK-T should it may n back	9.4 dustry or business in which work was done, as SILK MILL, Charles Saundry SAW MILL, BANK, atc	aut maximum (Right) 12/9/37
SE Sh Sh it	U 10. Date decaesed last worked at this occupation (month and spent in this	Danier - driver - ?
RES I AGE I that ons o	yaar) 173 occupation 15	Other Contributory Causes of Importance:
. []	12. BIRTHPLACE (city or town) Bedford God (State or country)	aut Rhis-phoryagetes. 11/37
ARGIN JNFADI pplied. terms, se instruct		Park Filling Property - 11/1/37
V:	13. NAME Samuel 7. Tice 14. BIRTHPLACE (city or town) Valley Road (State or country)	Neme of operation In defendent of Dete of 12/8/32
M. Ily su llain t	(State of Country)	What test confirmed diagnosis? Junal Puniture Was there en autopsy? 200
Wr efull in p	15. MAIDEN NAME Ellen J. Valentige	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Valley Load (State or country)	Accidant, suicide, or homicide?
	00 1 - 00	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	17. INFORMANT Charles For Cumberlanding	J
FE O E O is v is v	18. BURIAL, CREMATION, OR REMOVAL Place St. Subla Cem Oata Acc 13, 1937	Manner of injury
Manual Indian CAUSE	0 0 71-00	Natura of injury
FOR	19. UNOERTAKER CANCELLA TOPOLOGICAL TOPOLOGICA TOPOL	24. Was disaasa or injury in any way ralated to occupation of decaased? 200
Si Si	20 FILED All 13 1937 In P. traublin, M. K	(Signad) Samuell Jurken M. D.
> Z	Registrar.	(Address) 119 Mefforts.
Bro	acover 15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

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Example I			Example II	
The principal cause of dea of importance were as follo	th and related causes	Date of enset	The principal cause of death and related causes of importance were as follows:	
	144.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis,	JAN 6 1039	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	ELREAU V.	S		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones May 1,1923			Gastrocnterilis	1 year

V. S. No. 1

MARINGIA INFORMATION FOR PRINCIPAL
CWRITE PLACY, WI UNFADING INK-THIS IS A PERMANENT RICED. Every item of infor-
hadon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12506
1. PLACE OF DEATH	12000
County allegrany	Registration Dist. No.
Village or City Westernson, My	NoSt., Ward
WITTENSTH OF residence in city or town where death occurred 25 yrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Chancis antony 3	est
(a) Residence; No. 138 Kook St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susband of C. Sucy Best	22. I HEREBY CERTIFY, That I attended deceased from Sept 23. 1932 to DR 4 1932
6. DATE OF BIRTH (month, day, and year)	last saw h. M. alive on Dec. 16 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 19.3 Am.
69 1 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronchiectusis: Date glonset 1927
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL. R. R. Cngûler SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and the same time than the same time time to be same time than the same time time time time time time time ti	Cordine Decumpensation
SAW MILL, BANK, etc.	with general edoma . 1937
10. Data deceased last worked at this occupation (month and 933 occupation coupation)	Death was not die to tuberculosis a Carson
(3 altimore)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / A WWW (State or country)	Pulmondry Hemorrhage 12-15-3
13. NAME Frederick Best	due to a branchizetakie of long standing!
13. NAME Frederick Dest	Name of operation None Date of
(State or country)	What test confirmed diagnosis? Physical Signs Was there an autopsy? No
15. MAIDEN NAME NOT Knywn	23. If death was due to external causes (YIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Ala. Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mas Churcy Dest (Address) 138 Wood St. Westernhad	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place De Savage Date Dec 18 , 193/	Nature of injury
19. UNDERTAKER D. S. Swal	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Barran ma	If se, specify Day and Milaton
20. FILED Alle 17, 19 3 Effagulakar mi	(Signed) Cawpy M.D. M.D. (Address) Piedmout, W.V.J.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S	North Color		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 County_ Registration Dist. No. Village or City (If death occurred fire a hospital or institution, give its NAME instead of street and number) CIANS Length of residanca in city or town where death decurred How long in U.S. if of foraign birth? ______vrs._____vrs.____ If U. S. Veteran, specify WAR PHYSI (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wite tha word) BINDING 5a. If married, widowed, or divorcad HUSBAND of ERTIFY. That I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the data stated above, at ... Z-1 day....hrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 3 Trada, profassion, or particular CUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... TO. Data deceased last worked at Ö 11. Total time (yaars) spant in this this occupation (month and that occupation Other Contributory Causes of Importanca: 12. BIRTHPLACE (city or town MARGIN (State or country) FATHER 13, NAME See 14. BIRTHPLACE (city or town) Name of oparation plain (Stata or country) What tast confirmed diagnosis?_ ----- Was thara an autopsy?----MOTHER 15. MAIDEN NAME in Accident, suicide, or homicide? Social 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whather injury occurred Im INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT pluods (Address) OF 18. BURIAL, CREMATION, OR BEMOVAL Nature of injury 1900 24. Was disaase or injury In any way ralated to occupation of decaased? 19. UNDERTAKER (Address) If so, specify (Signad). Registrar.

V. S. No. 1

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Date of onset

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921 July 5, 1927	Run over by street car Peritonitis	1 week ago 3 days ago
Cerebral hemorrhage			
SUBSTAIL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of oCCUPA	Village or City CUMBERLAND, MARYLAND (if Length of residence in city or town where deeth occurred yrs. mos. 2. FULL NAME Cornelia Browning	Registration Dist. No. No. MEMORIAL HOSPITAL St., — Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth?
PHY ct s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
TT RELY.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIGOWED	21. DATE OF DEATH December 27 ,1937 (Year)
ANE A C T Ssifted	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Meshach Browning	22. I HEREBY CERTIFY, That I ettanded deceased from
FOR BINI IS A PERM stated EX properly cla certificate.	6. DATE OF BIRTH (month, day, and year) Dec. 23, 1865 7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	I last saw h
ESERVED INK-THIS E should be it it may be on back of	8. Trede, profession, or particuler kind of work done, as SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, Own home SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributery Causes of Importance:
2 4	12. BIRTHPLACE (city or town) (State or country) Maryland	
MARGIN III UNFADII IIIy supplied. plain terms, so See instructi	13. NAME ISAAC Wilson 14. BIRTHPLACE (city or town) (State or country) Maryland	Neme of operation Dete of Dete of What test confirmed diagnosis? Plan University Was there an autopsy?
INLY, W be careful important	15. MAIDEN NAME Catherine Ash 16. BIRTHPLACE (city or town) (Stete or country) Maryland 17. INFORMANT Memorial Hospital	23. If deeth was dua to external ceuser (VIOLENCE) fill In elso the following: Accident, suicide, or homicida?
ITE PLA on should SE OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Odd Fellows Dete Dec29.19.37	Mennar of Injury
N. B.—RITTI mation : CAUSE TION is	19. UNDERTAKER John C. Wolford (Address) Cumberland Md 20. FILED De 28, 19 37 Jan P. Tu for U.S. Rigistrar. If more blanks are needed, address State Registrar,	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) M.D.

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1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Puly 5, 1927 Peritonitis Other contributory causes of importance:	

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of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	whith hold	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1938	July 5,1927	Peritonitis	3 days ago
- Company	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago Arteriosclerosis 1915 Attack of epilepsy Chronic interstitial nephritis 1921 Run over by street car 1 week ano Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

I UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement ation should be carefully supplied. AGE should be stated EXACTLY. AUSE OF DEATH in plain terms, so that it may be properly classified. ON is very important. See instructions on back of certificate. FOR BINDING MARGIN RESERVED B.-WRITE PLAINLY, W

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No.
County Alleg any	Registration Dist. No
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME homest lolgas	If U. S. Veteran, specify WAR
(a) Residence: No. 49 Mart Follows (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH DLC S , 193.7
5a, If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Color	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) February 5- 1864	I last saw h. A stive on The 19 death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:340m.
68 9 23 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z Trade, profession, or particular kind of work done as SPINNER (Date of onest
kind of work done, as SPINNER, Latered Coal Mainer	Chrome my readition?
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased in month and this occupation (month and this occupatio	
o this occupation (month and 1929 spent in this 40 occupation	1-
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) \(\square\) \	
E / and and	
14. BIRYHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) lly known	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Assorbers Colleges (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place 1 Date 12 / 1934	Nature of injury
19. UNDERTAKER J. J. School J.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12- 11 1937 Mus. a. R. Walker	If so, specify (Signed) It Off God M. I
Registrar.	(Address) - FF2 - FF4 -
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	death and related causes Date of onset of importance were		Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 4 1920				
Other contributory causes of importance:	Tan garage	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			175 1	

X	Scorld. Every item of	PHYSICIANS should	act statement of OCC	
FOR BINDING	S A PERMANENT RI	tated EXACTLY.	roperly classified. Ex	rtificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS I	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	TION is very important. See instructions on back of certificate.
. S. No. 1	V. B.—WRITE PLANKY, WI UNFADING INK—THIS IS A PERMANENT RECORD. Every item of	ination should be carefull	CAUSE OF DEATH in pl	TION is very important.

V. S. No. 1

1. PLACE OF DEATH	- CAN-M
County allegacy	Registration Dist. No. 4
Length of residence In city or town whera deeth occurred 35 yrsmo:	No. 1980 Prostuce St., 3 - Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s
(a) Residence: No. 238 Bond (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 , 193.7 (West)
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of Recommend Broady.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) mly 25 1849	I lest sew h elive on, 19; deeth is seid
7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Crushed skull o
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and 7) spent in this occupetion.	
12. BIRTHPLACE (city or town) & symbol land (State or country)	Other Centributery Causes of Importence:
13. NAME Stoleman.	
14. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME # 15. MAIDEN NAME # 15. MAIDEN NAME # 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT AND Account (Address)	23. If death wes due to externel couses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece 12/5, 1937	Menner of injury Amas by Institute: Nature of injury 60 allers
19. UNDERTAKER Lornis Stein Fine. (Address) Completed	24. Wes disease or injury In any way releted to occupation of deceased? No.
20. FILED Dec. 4, 1027 D. F. Frankling M. D. Registrar.	(Signed) Co Clarify Wind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERT	TIFICATE OF DEATH	12513
DEATH	82-a	1

1. PLACE OF DEATH	(82-2)
County Allegany	Registration Dist. No.
Village or City detette Orleans Md. 1	P. Z.D., No. St Ward
I made at a state of the state	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length ol residence in city or town where deeth occurredyrs,	mosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME florge Crau	ford
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR TRACE 5. SINGLE, MARRIED, WIOOW	
M while OR DIVORCED (write the w	(rd) Dec 10 1937
5a. If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND OF Mary W. Crawford	22. I HEREBY CERTIFY, That I ettended deceesed from
m +1 1811	19 10 19 19
6. DATE OF BIRTH (month, day, and year) May 27, 1865	I last saw h alive on
7. AGE Years Months Oeys If LESS to 1 day,	to make out the date stated about, other transfer, and
ormi	
E. Trede, profession, or perticular kind of work done, as SPINNER, Jarmen	Pare of onese
SAWYER, BOOKKEEPER, etc.	Creoral /12marrhage 12/11/37
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (morth and).	1
SAW MILL, BANK, etc	Tel dead at his home
this occupation (month) and 1937 spent in this eigenvery	<u></u>
(2)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) fector sylvania (State or country)	d
1 700	
14. BIRTHPLACE (city or town) Lunsy brania	
4. BIRTHPLACE (city or town) / auusylvania (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Machael I ennel	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lunsylvania	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Traul Crawford	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cuntrolked ma	
18. BURNOR, CREMATION, OR REMOVAL	Manner of Injury
Date Date 19	* Nature of injury
19. UNDERTAKER Ophranic Amith	24. Was disease or injury in eny way related to occupation of deceased? Ro
7 (10.74)	If so, specify (1) (1) (1)
20. FILED Dec/1, 193/ J. Mann ow ME M.	(Address) Little Onleans Mg.
Dept weal Registr	gistrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis EIVED	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
- 9. 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gustroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. tion should be carefully supplied. AGE should be AUSE OF DEATH in plain terms, so that it may be WRITE PLANLY, W

V. S. No. 1

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	29.50
County Milgary	Registration Dist. No.
Village or City The Little 19	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred vrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Jan	cakey If U. S. Veteran, specify WAR.
(a) Residence: No. / nikeh 91	nd Stin Ward.
(Usual pise of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDON	
Male White Pharmen	
HUSBAND of	22. I HER, EBY CERTIFY, Thet I attanded daceased from
(or) WHEE of Helen Myches	Der. 151- 1937 to sele. (of 1987)
DATE OF BIRTH (month, day, and year) (shul 17.186	1 last saw h. Mulialiva on Doc. 12 1937; deeth is said
AGE Years Months Deys If LESS	
75 7 14 Idey,	nin ware as follows:
S. Irada, profassion, or particular	Sacrated would Leath Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business In which work was dona, as SILK MILL,	propession regulation 14/10
SAW MILL, BANK, etc	The sound of him streng
10. Deta dacassad last workad et this occupation (manth and years) spant in this occupation.	unsacciality a limb of constr
DEPTHEN AND CALL AND ADDRESS OF THE PARTY OF	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME Matthew Danahon	,
14. BIRTHPLACE (city or town)	Name of operation would closely Deta of the 1-3
(Stata or country) Inland	What test confirmed diagnosis? Dynylus Was there an autopsy? 40
15. MAIDEN NAME margaret O'Cherana	23. If daeth wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?, acualus Date of injury accident, 1937
(Stete or country) Leland	Where did injury occur? at mkep mine dump.
INFORMANT MISS Mary Sanahy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Prihith, Md.	on foulle units.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Was pitting and & desited not in way
Place. Barton em. pata go ec. 4.	Nature of Injury Charp (CAMP - Las alms)
(Address) Conaronino	24. Was disease or Injury in any way related to occupation of daceased?
O. FILED Lee (1 19 39 mus . a.R. Mal)	(Signed) M. Howarust M. I. Strat. (Address) Middland - Ind -
If more blanks are needed, address State I	Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

10514

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes of importance were as follows: Date of onset		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

infor-

OCCUPA.

plnods

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U. S. if of foreign birth?______yrs._____mos.____ds. CERTIFY That I attended decaased from

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	----------------	-------------------	----	-----------

-WRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, M. V. S. No. 1

	STATE C	OF MAF	RYLAND-	CERTIFICATE OF DEATH	15011
1. PLACE OF	DEATH	WINDS		(3)	9
CountyQ_	llegany.			Registration Dist. No.	V
Village or Ci	ty Thostle	ung , -	nil	No. 15 maple st	Ward
Langth of resid	lanca in city or town where	death assured	(II	f death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	d number)
	4 '		yrs,	yrsyrs	mosds
	ME MISCA	annag	e Du	wcow	
(a) Residenc	ce: No. 13 m	(Usual place	e of abode)	St., Ward. If nonresident give city or town as	10
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	nd State
3. SEX	4. COLOR OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	
M	ω .	OK DIVORC	ED (white the word)	/2 - 2 9 (Month) (Day)	, 193
5a. If married, widowe HUSBAND of	ed, or divorced				
(or) WIFE of				22. I HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH (n	month day and year)	12-29-	37	I last saw h	
7. AGE Years		Days	If LESS than	to have occurred on the date stated above, atm,	, ugatn 15 5elu
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z 8. Trade, pusiess	slon, or particular	-	1 01	were as follows:	Date of onset
SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc.			4	
NOTE SAWYER, 9. industry or b. work was SAW MILL	done, as SIL MARKEL, BANK, etc.			λ	
SAW MILL	d last worked at	h 11 Total	time (years)	~	
O this occupa	ation (month and	Sp. Sp.	entin this cypation	(L)	
	2-71	3,		Other Contributory Canses of importance:	
12. BIRTHPLACE (city (State or count		ung u		·	
13. NAME RO	Post and	11150.00	*		. ~ =
14. BIRTHPLACE (mis.	Latting	. Zech.	Name of appraisa	
(State or c				Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAM	IE Margin	Waller	<i>t</i> .	23. If death was due to external causes (VIOL ENCE) fill in also the Iollowin	
15. MAIDEN NAM 16. BIRTHPLACE ((city or town) Course	dilation	ret.	Accident, suicide, or homicide?	
∑ (State or o	country)			Where did injury occur?	17
17. INFORMANT Rolet . J. Dernican. (Latter)			Letter	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate)
(Address)	Irabitung	Mil.	0		4,102.
18. BURIAL CREMATION, OR REMOVAL Place Frontly, Med Date 12-30 1937			2. 244	Manner of injury	
Place Place	selving, mis	Date/_	- 30, 1937	Nature of injury	
19. UNDERTAKER				24. Was disease or injury in any way related to occupation of deceased?	
(Address)	-	A (1)		If so, specify	
20. FILED / 2 - 2	3D, 19.37 m	10.a.K	Registrar.	(Signed) Froeling Las	M. D.
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
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Arteriosclerosis U E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	13.49	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	FILL WILL WILL

PHYSICIANS should state CORD. Every item of infor-

I UNFADING INK-THIS IS A PERMANENT RE

MARGIN RESERVED FOR BINDING

B. WRITE PLANLY, W

V. S. No. 1

SIAIL OF MARYLAN 1. PLACE OF DEATH	——————————————————————————————————————
County allegeing	Registration Dist. No
Village or City banks land	No. Dingle Rd in Ambulation War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	mos
2. FULL NAME Maller Slephen Se	If U. S. Veteran, specify WAR.
(a) Residence: No. H. allow (Usual place of abode)	St., Ward. The State of the Sta
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
HUSBAND of (or) WIFE of Wellis Reinster	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, end year) Marsh 5-187	7
AGE Years Months Days If LESS	than to have occurred on the data stated above, at
65 9 7 1 day,	
8. Trada, profassion, or particular kind of work dona, as SPINNER CANALOG SAWYER ROOKKEFER atc	1 7 8
	um Ungma Festivis
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased lest worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town). Washington	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME Thomas Dutton	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME UNKNOWN	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following: Accident, suicida, or homicida? 19
16. BIRTHPLACE (city or town) 3 all in the least of the company)	Whare did Injury occur?
17. INFORMANT Leo Miller (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pleco At Clark L. Data Lead 4.	19-3-7 Nature of injury
19. UNDERTAKER TOURS THE TOUR TOURS	24. Was disease or injury in eny way ralated to occupation of decaased?
(Address) Combulary may	If so, specify Q
20. FILED Dec 13. 19.37 GA trackling	(Signad) Company Of ones

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis 1AM 8 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.	<u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

_	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Died	ensorte manhelane on The Dingles road	
		2
to the	Home of his Daughter Mis Teo millers Bowling &	un he 1
		- na

(Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT. (Addrass)

(Addrass)

23. If death was due to external causes (VIOLENCE) fill In also the following: Whare dld injury occur?_____

Date of onset

(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?... If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of Injury

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis AN 6 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	item	shou	o jo	
	WRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT RECORD. Every item	agation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	
	RD.	[XX]	sta	
	REC	. PF	Exact	
Ö	LNS	LI	d.	
NIC	ANE	CJ	ssifie	
INI	SRM	XX	cla	ď
RB	A PI	ed I	erly	ficat
FO	IS	stat	prop	certi
ED	HIIS	pe	pe	Jo.
RV	Y—Y	pluor	may	hack
ESE	Z	E sl	at it	uo x
K	ING	AG	o th	tions
GID	FAD	ied.	ns, s	striic
TAR	ND	ddns	teri	e in
MARGIN RESERVED FOR BINDING	H	lly s	plain	S.
	11	refu	l in	tant
6	NLY	be ca	ATF	mpor
10	LAI	l plu	DE	TION is very important. See instructions on back of certificate.
	E P	sho	E OF	is ve
	VRIT	tion	INSI	NO
0.1	1	P.T.	9	T

1. PLACE OF DEATH	LAND		
County allegan		Registration Dist, No. 7	
Village or City Cullar Saud	(If	No. Allegary Hopfilal St., 4 - death occurred in a hopfilal or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurred		ds. How long in U.S. ildi foreign birth?yrsmo	
2. FULL NAME Umme 6 Fa	hey	If U. S. Veteran, specify WAR	
(a) Residence: No. 208 Palk	0	St., Ward.	
(Usual place		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTI 3. SEX 4. COLOR OR RACE 5. SINGLE, MAR		MEDICAL CERTIFICATE OF DEATH	
	RIED, WIDOWED. D (write tha word)	21. DATE OF DEATH	102
Private White Wes	lowed	(Month) (Day)	(Yeer)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of James J. Fas	hey	22. I HEREBY CERTIFY, That I attended of Dec 14, 1937, to Dec 7	
	1 1862		
6. DATE OF BIRTH (Month, day, and yaer) 7. AGE Yeers Months Days	If LESS than	to have occurred on the date stated above, atm.	; daatn is said
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	ormin.	were as follows: April	Date of onset
SAWYER, BDDKKEEPER, etc	UOVIU		
work was done, as SILK MILL, SAW MILL, BANK, atc.	2)		
10. Date dacaasad last worked at this occupetion (month and spa	ime (yaars) nt in this upation		
y t	à_	Other Contributory Causes of importanca:	ma
(State or country)		Hyperlin siv- 1 Monie	Tugha
13. NAME Frank Sebol	200	\-\J	-/
10. HAME parties	4		
14, BIRTHPLACE (city or town) ————————————————————————————————————		Name of operation Dale of	
	. 0	What test confirmed diagnosis? Was there an ar	
	gry	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16, BIRTHPLACE (city or town) (State or country)	Y . 0	Accidant, suicide, or homicide? Date of Injury	, 19
0+117-1		Where did injury occur? (Specify city or town, county and State	:)
(Address)	mid	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL		Manage of Internet	
Place Westernheit Na Date Dew	23 1937	Manner of Injury	
19. UNDERTAKER LOUIS Stew 6	lue	Natura of injury 24. Wes diseasa or injury In any way related to occupation of decaasad?	
(Address) Quellage	mal	If so, spacify 70-10-10	
20. FILEDREE 22, 19 2 7 J. F. Trans	blie M &	(Signed) (Addrass) A holo	M. D.
If more blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
Atterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUALAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITHIN CORPORATE LIMITS OF MARYLAND—CERTIFICATE OF DEATH

A to Ta	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	650
	County allegany	Registration Dist. No.
item of should of OCC	Village or City Cumberland (If	No. 105 Grand Ore St., 6-3 Ward death occurred in a hospital for institution, give its NAME instead of street and number)
V ~ 00		ds. How long M U.S. if of foreign blrth?yrsmosds.
D. Every SICIANS tatement	2. FULL NAME Harry Miller Floor	If U. S. Veteran, specify WAR
2 2 m	(a) Residence: No. 10 5 Grand (Usual place of abode)	St., Ward. If nonresident give city or town and State
RIFE. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sec. 27 193 7
CTI	5a. If married, widowed, or divorced HUSBAND of O	22. I HEREBY CERTIFY, Thet I attended decassed from
MA KA lass	(or) WIFE of Blanche Luc Farland	Dec. 16, 1937,10 & 24. P7, 1937
E Y c te.	6. DATE OF BIRTH (month, day, and year) Same 7, 1870	I last saw h alive on Sec 7, 19 57; death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et 7-101-m.
IS A I stated properlifications	67 6 20 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
70	Trade, profession, or particular kind of work done, as SPINNER, P. 1. (4.4)	Typerluais Carolis - Vasculai
HIS Pe	SAWYER BOOKKEEPER atc	1 Disease 1935
ould may back	9 Andustry or business in which work was done, as SILK MILL, Raulroad.	Cerebral Harmorrhyr, hoft 12/
-1 26 -6		Right Hamplegea 1/6/39
KENERAL IN AGE SI THAT IT ONS ON	10. Data decaased last worked at this occupation (month and year) spent in this occupation occupation occupation	
	12. BIRTHPLACE (city or town) Twilliams fort	Other Contributory Causes of Importance;
ADI d. d. s, so	(State or country)	Primary Cause of the vernin; afterio-solveris,
NF.	13. NAME albert B. Flood.	Duration: fine years. Durch
a:	13. NAME albert 13. Flood. 14. BIRTHPLACE (city or town). (State or country)	Neme of operation Date of
y sur	(State or country) Dreland.	What test confirmed diagnosis? Was there an autopsylline
w full n pl	15. MAIDEN NAME many Evenberg	23. If death was due to external causes (VIOL ENCE) fill In also the following:
LALY, W. be careful EATH in pimportant.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
ATT ATT	E (State or country) Germany	Where did injury occur?
ABUN	17. INFORMANT Lyss Harry 7 lood. (Address) 105 grand dre	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
RITE ion s	Place Hell Conest Date Alc 29, 193/	Nature of Injury
CO C	19. UNDERTAKER Jacob Hafer (Address) Dumber and	24. Was diseesa or injury In any way related to occupation of deceased?
Z Z	20. FILED Ske. 2.9, 137 & Phanklin, M. D. Resistrat.	(Signed) Complete M. D. (Address) Surel M.D.
Do 1		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
10-15	went de curre,	

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The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1938			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
Galistones	May 1,1925	Gustroenter tus	1 year

Exact statement of OCCUPA-JRD. Every item of inforshould state PHYSICIANS properly classified. should be CAUSE OF DEATH in plain terms, so that it may

MARGIN RESERVED FOR BINDING

V. S. No. 1

CIMITS.	-CERTIFICATE OF DEATH
County Cleasury	Registration Dist. No.
Village or City Cumberal	No. 533 Necessary St. 22Wa
	os. How long in U. Sit of foreign birth?
2. FULL NAME Quouda a, C	TRANSCAR MOSS
(a) Residence: No. 333 No. 331	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Coay) (Year)
5a. If married, widowed, or divorced HUSBAND OF (or) WIFE of Frank Frank	22. HEREBY CERTIES. That I attended deceased for
DATE OF BIRTH (month, day, and year) July 4, 1862	Hast sach alive on Olec 6, 1937; death is s
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75 6 5 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one
SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his eccuration (most) and	right Jennier 6
work was done, as SILK MILL, SAW MILL, BANK, etc	Due to graidental falls ourless
11. Total time (years) this occupation (month and year) year) occupation	Due to residental falle Coulson
	Other Contributary Charses of importance:
2. BIRTHPLACE (city or town) (State or country)	and hypertension from
13. NAME William Scoth	
13. NAME 114. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accident Date of Injury 19
7. INFORMANT Frank Forback	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 53) Necently X.	in her home
8. BURIAL, CREMATION, OR REMOVAL Place A - C - C - C - C - C - C - C - C - C -	Manner of injury Occidental falls Nature of injury
9. UNDERTAKER John Wulford	24. Was disease or injury in any way related to opposition of deceased?
(Address) Curlelland	If so, specify
20. FILED DEC 10, 1937 Int. P. French VO	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

1. PLACE OF DEATH County, Cou	ITHIN COR	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12522
County Willage or City Willage	nfo stal		(No.
Village of City. Willage of City. Langth of rasidanca in city or fown where dash occurred		County alleasny.	Registration Dist. No.
Laggh of raidance in city or town where dash occurred Syrs. mest. ds. How offig in U.S. It of foreign birth yes. mest. ds. How offig in U.S. It of foreign birth yes. mest. ds. How offig in U.S. It of foreign birth yes. mest. ds. How offig in U.S. Veteran, specify WAR. 2. FULL NAME (a) Residence: ND. (Usual plaps of abodo) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. SEX. 4. COLOR OR RACE S. SINGE, MARRIED, WIDOVED, OR DIVORCED (write the word) Sa. III married, widenued, syrdiverced Holland of Carbon Wife of Hospital Color of H	shou of O		No. All Ward death occurred in a horpfall or institution, give its NAME instead of street and number)
DINGRIA COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR BYORCED (wine the word) OR BYORCED (wine the word) Sa. It married, vidowed, or divorced (Nonth) (N			
DINGRIA COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR BYORCED (wine the word) OR BYORCED (wine the word) Sa. It married, vidowed, or divorced (Nonth) (N	Eve MAN	2. FULL NAME Chisabeth Camma &	arcus If U. S. Veteran, specify WAR
DINGRIA COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR BYORCED (wine the word) OR BYORCED (wine the word) Sa. It married, vidowed, or divorced (Nonth) (N	D. SIC		
DINGRIA COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR BYORCED (wine the word) OR BYORCED (wine the word) Sa. It married, vidowed, or divorced (Nonth) (N	HY S		
BUIDNER BY CERTIFY, That I attended deceased for the contribution of the contribution	T P		
HUSBAND of (or) WIFE of Latendary deceased from the contributor of the	EX.	Female White OR DEVORCED (write the word)	LOC 11, 193 7
S. DATE OF BIRTH (month, day, and year) S. TAGE THAN OF THE PRINCIPAL CAUSE OF DEATH and related causas of Importance were year pacifolows: S. TAGE PROBABLY (LAUSE OF DEATH and related causas of Importance were year pacifolows: S. TAGE PROBABLY (LAUSE OF DEATH and related causas of Importance were year pacifolows: S. TAGE PROBABLY (LAUSE OF DEATH and related causas of Importance were year pacifolows: S. ANY ELL CAUSE OF DEATH and related causas of Importance were year pacifolows: S. ANY ELL CAUSE OF DEATH and related causas of Importance were year pacifolows: S. TAGE PROBABLY (LAUSE OF DEATH and related causas of Importance were year pacifolows: S. TAGE PROBABLY (LAUSE OF DEATH and related causas of Importance were year pacifolows: S. TAGE PROBABLY (LAUSE OF DEATH and related causas of Importance were year pacifolows: S. TAGE PROBABLY (LAUSE OF DEATH and related causas of Importance were year pacifolows: S. DATE OF THE THAN OF THE THAN OF THE THAN OF THE	ANE A C T Ssife	5a. If married, widowed, or/divorced HUSBAND of (or) WIFE of	
WATER BOOKKEEPER, atc. Work was done, as SPINNER, SAWYER, BOOKKEEPER, atc. Work was done, as SPINNER, SAWYER, BOOKKEEPER, atc. Work was done, as SPINNER, SAWYER, BOOKKEEPER, atc. Work was done, as SILK MILL, SAW	Z ZXT	147	
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(Specify city or town, county and State) 17. INFORMANT And Land (Addrass) (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Manner of Injury Manner of Injury	ref in tan	THE IS DISTRIBUTED ASS (I'M A A A STATE OF A	
17. INFORMANT ANALYSIS (Addrass) (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	LY CTH por	Stata or country)	Where did Injury occur?
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			Manner of Injury
E H H Place Hallery all Com Date of LA 13 19.37		Place & silerish 6 low Date 12 13, 1937	Nature of injury
19. UNDERTAKER Lamis Stern One	- 418		9
20. FILED Dec (3, 193) D. Phanklin M. D. (Signad) (Signad)	vi .	20. FILED Der (3, 193) & Phanklin, M.D.	(Signad) M. D.
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Example I	i.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .IAN 6 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Village or City Village or City Village or City Village or City In place of abode Langth of residence in city or town whara death occurred yrs. mos. ds. How long In U. S. If of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS St., Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS St., MEDICAL CERTIFICATE OF DEATH 3. SEX 1. COLOR OR TACK ST. MARRIED, WIDOWED, OR DIVORCED ("qurite tha word) 193	99
County	(1)
Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town whara death occurred OR How long in U. S. If of foreign birth? If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX	
Langth of residence in city or town whara death occurred	Ward
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR STATE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR, OR TREE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	ds.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR, OR TRACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR, OR TREE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
3. SEX 4. COLOR OR TREE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("garrie tha word)	and the same of th
103	37
	ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22 1 HEREBY CERTIFY. Thet I attended decease	d from
HUSBAND of (or) WIFE of 22/1 HEREBY CERT I FY. Thet lattended decease (or) WIFE of 19/1, to 1	3.7
I ast sew h. alive on the control of	is seld
7. AGE Years Months Days TLESS than I day, hrs. Or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Oate	
The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Onto the data stated ebove, at 200 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Onto the data stated ebove, at 200 m. Onto the data	ol onset
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Kind of work dona, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Bata deceased last worked at this occupation (month and yaar) Dther Coatributory Causes of importance:	
SAW MILL, BANK, etc	
reaction accupation	
O TO THE PROPERTY AND ACT (alternational)	
State or country 13. NAME 13. NAME 13. NAME 13. NAME	
H. H. III II I	
Name of operation	1
What test confirmed diagnosis? Was there an autopsy	1.94
and the state of t	0
Accident, suicide, or nomicide? Oata of injury. Whare did injury occur?	7
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town, country) Whare did injury occur? (Specify city or town, county and State) 17. INFORMANT 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
C of F4 by (Address)	
18. BURIAL, CREMATION OR REMOVAL Manner of injury Manner of injury	
Place M. Human Oate C27, 1937 Nature of injury. 19. UNDERTAKER Comis String Inc. 1938 24. Was disease or injury in any way related to occupation of decaased? his	
Z m (Signed) (Signed)	
> Z 20. FILEDAYLE - at f., 195 f. Manketta,]M. D.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis. 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Every item of inforof OCCUPA-Exact statement UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

STATE OF I	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		107.01
County Allegarny	······	Registration Dist. No.
Village or City Lemberto	in (III	No. 5 4 9 No Mechanic St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whera death oc		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thelma	& Gebson	If U. S. Veteran, specify WAR
(a) Residence: No. 349 070	machanic	St., Ward.
PERSONAL AND STATISTICAL	Javal place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	GLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	DIVORCED (write the word)	Dec 23,1937
5a. If merried, widowed, or divorced	singer	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended deceased from
0	1 10 2 1	21 , 1937, to Die 23 , 1937
6. DATE OF BIRTH (month, day, and year)	1936	I lest saw h. E.P. alive on A. 2.3., 19.3.7; death is said
7. AGE Yeers Months	Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
l a Trada and a los as a disular	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.		wents delatation of the heart 12.23/37
9 Industry or business in which		Primary sauce 1 Cold are chest - acute
9 Industry or businass In which work was dona, es SILK MILL, SAW MILL, BANK, etc		bronchitis. Duration etter days. Quel &
10. Data daceased lest worked at this occupation (month and year)	11. Total time (years) spent in this occupetion	
Quality !	O	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	mel	Droneko-Ponsonama
13, NAME R last Gibs	m	
E m	! Swade.	Name of operation
14. BIRTHPLACE (city or town) (State or country)	me	What test confirmed diagnosis?
15. MAIDEN NAME Thelma	Kink	23. If daath wes due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Therman 16. BIRTHPLACE (city or town) Lethon (State or complete)	ekeland	Accident, suicide, or homicide? Date of injury 19
∑ (State or country)	me	Where did injury occur?
17. INFORMANT Polest Sibs. (Address) 5 4 9 7	machonic Et	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Q. a.	Menner of Injury
Place Now Hall Date	20.24, 1937	Netura of injury
19. UNDERTAKER Jours Stein	ng.	24. Was disease or injury in any wey related to occupation of deceased?
(Addrass) //7 fromil	21	If so, spacify
	10. 0. 6	

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Chronic interstitial nephritis JAN 6 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II			
of importance were	of death and related causes as follows:		The principal cause of death and related causes of importance were as follows:	
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Gallstones	May 1,1923	Gastroenteritis	1 year

St, 6-3 Ward treet and number)
town and State
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Date of
following:
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and M.D.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	P	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IAN 6 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	are 6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The state

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Registrar.

, Illane,

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage Date of onset In principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Example I		
Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage July 5,1927 Peritonitis	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral hemorrhage July 5,1927 Peritondis	1915	Attack of epilepsy	1 week ago
JAN 6 1939	1921	Run over by street car	1 week ago
	uly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis	1ay 1,1923	Gastroenteritis	1 year
	r,	1915 1921 uly 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONA	AL SPACE FOR FUE	RTHER STATEMEN	NTS BY PHYSICIAN	1

1. PLACE OF	Alleghan		Registrat	tion Dist. No.
Village or Ci	lyCumberla	ad	No. Massime Ve death occurred in a hospital or institution, give its N.	AME instead of street and number)
Length of resid	ence in city or town where de	eth occurredyrsmo	ds. How long in U.S. If of foreign birth	?yrsmosd
2. FULL NAM	ME Harris	E. Judy		
(a) Residence	e: No. 628 Ya	(Usual place of abode)	St., Ward.	
PERSON	AL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICA	ident give city or town and State
3. SEX		5. SINGLE, MARRIED, WIDOWED,		
Male	white	OR DIVORCED (write the word)	21. DATE OF DEATH December	29 7
5a. If married, widowe	d, or divorced	0	(Month)	(Oey) (Yeer)
HUSBANO of (or) WIFE of	Cora	Rice	22. I HEREBY CERT, 19, to	IFY, That I ettended deceesed fro
6. DATE OF BIRTH (1	nonth, day, and year) Jul	9. 1880	I lest saw h elive on	
7. AGE Yeer		Oeys If LESS then	to heve occurred on the date stated above, at_	035Pm
57	5	21 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related were as follows:	
Trede, profes	ion, or perticular		1706110 11111	a ditio
SAWYER,	BOOKKEEPER, etc	ore-keeper-for-		
Kind of w. SAWYER, S. Lodustry or b. work wes SAW MILI	usiness In which done, as SILK MILL, C	P. Telephone Co	V	
10. Date decesse	d lest worked at		-	
	etion (month end	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city	or town)	rland.	Other Contributory Causes of Importance:	The state of
(State of count	ry)	y Lanu		
M	illiam Judy			
14. BIRTHPLACE	(city or town)	land	Name of operation	
(31616 01 1			What test confirmed diagnosis?	
15. MAIDEN NAM	unknov	/11	23. If deeth was due to externel causes (VIOLENC	E) fill in also the following:
16. BIRTHPLACE	(city or town)		Accident, suicide, or homicide?	Date of injury, 19
≥ (Stete or			Where did injury occur?	
	lora Judy 28 Yale St.		Specify whether Injury occurred in INDUSTRY, in	ty or town, county and State) n HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATI			Manner of Injury	
Plece H-1-1	1-Grest-Ont	PeteJan 2 1938-		
	J. C. Wolfd			
19. UNDERTAKER (Address)		Md.	24. Was disease or injury in any way releted to or	Acupetion of deceased/
1)	31,19372.P.7	. bl: m 0	(Signed) 120 / and	man Coronon
20. FILED	, 192/.X:!::/!	Registrar.	(Address) Cum	& mid

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	Example I	1	Example II				
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset			
Arteriosclerosis	1111 8 1118	1915	Attack of epilepsy	1 week ago			
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	JAN 6 1938	July 5,1927	Peritonitis	3 days ago			
	BUREAU V. S.						
Other contributory	causes of importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						

STATE OF MARYLAND—CERTIFICATE OF DEATH 12530

1. PLACE OF DEATH			(210-TM)	,
County Allegany			Registration Dist. No.	,
Village or CityCumbe			No. McMulla Blod St., death occurred in a horpital or institution, give its NAME instead of street an	
			ds. How long in U.S. If of foreign birth?yrs	.mosd
2. FULL NAME	B. Kell	er	If U. S. Veteran, specify WAR	
(a) Residence: No. McMu	llen Bly		Ward. If nonresident give city or town a	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARE OR DIVORCED	(write the word)	21. DATE OF DEATH Dec. 13,	, 193 7.
Sa. If married, widowed, or divorcad	1 1110,11	LCu	(Month) (Day)	(Yaar)
HUSBANO of (or) WIFE of Bessie I	Keller		22. I HEREBY CERTIFY. Thet I ettande	ed deceesed fro
6. DATE OF BIRTH (month, day, and year)	ay 15, 1	576	I last saw h aliva on 19	death is sa
7. AGE Yaars Months	Deys	If LESS than	to have occurred on the date steted abova, at 6 . 45 . Am	
61 6	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raisted causes of Importance	
	-	ormin.	wera as follows:	Date of ons
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Amcelle 1	Plant		
SAWYER, BOOKKEEPER, atc.			granure spull	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc				
10. Date deceased last worked at	11. Total tie	me (vaars)		
this occupation (month end year)	spen	tin this		
1 1000	0000	pation	Other Contributory Causes of Importance:	
12. BfRTHPLACE (city or town)	West Va			
(Stata or country)				
13. NAME Samuel Kel	ller			
13. NAME Samuel Kel	- TT -		Name of operation Dete of	
(Stata or country)	250-Va-		What tast confirmed diegnosis? Was there a	
15. MAIDEN NAME Martha E	Bonn.			
			23. If deeth wes due to external causes (VIOL ENCE) fill in also the follow	ing:
f6. BIRTHPLACE (city or town)	lest-Vav-		Accident, suicide, or homicide de de de date of injunt	2, 19,3.
(State of County)			Whare diffinjury occur? A Specify city or town county and S	rear
17. INFORMANT Mrs. Bessie	Keller		Specify whether mjury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
(7001033)			***************************************	
18. BURIAL, CREMATION, OR REMOVAL Place HIII Crest. Ce	m Doo	15 77	Manner of Injury	
Piace TIII Orest. Ce	Date Dec	15,1951	Nature of Injury	
John C. Wo			24. Was disease or injury in any way related to occupation of deceased?	
)
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	200 100			
(Address) Cumberl 20. FILEO Dec 14, 19-37 Q	and Md.	elen M L Registrar.	(Signed) (Addrass) (Addrass)	Tone

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		DEC 23 1937	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory cause of importance: Gastroenteritis	1 ycar

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

ANIA THE	STATE OF MARYLAND-	CERTIFICATE OF DEATH 12531
of infor-	1. PLACE OF DEATH	
	County Allegany	Registration Dist. No.
should f OCC	Village or City Vimberland, Maryland	Namanial Waanital
of specific	()F	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. If of foreign birth? 38 yrs. mos. ds.
Ever	2. FULL NAME KELLY, BEULAH MRS.	If U. S. Veteran, specify WAR
	(a) Residence: No. 524 Maryland Ave., West	
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
REE PH Exact	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T. X.	FEMALE WHITE OR DIVORCED (write the word)	December 11, 193 7
TLY TLY FIED.	5s. tf married, widowed, or divorced	(Month) (Day) (Yaar)
BINDING PERMANEN E X A C T I y classified.	HUSBAND of (or) WIFE of KELLY. JOHN J.	22. A I HEREBY CERTIFY, That I attended deceased from
BIN] PERM E X L Iy cla	14/2 1009	I last saw h ar aliva on Dec. 11, 1937; death is said
B] PE	6. DATE OF BIRTH (month, day, and year)	to have occurred on the dete stated above, at 3:35 m,P • M •
FOR B IS A PE stated E properly certificate	10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
	8. Trade profession or particular	were as follows:
ED HIS pe pe of of	kind of work done, as SPINNER, HOUSEWIFE	Mess ross
RESERVED G INK—THE GE should be that it may be ons on back of	kind of work done, as SPINNER, HOUSEWIFE SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	4/
SERV. NK-T should it may n back	SAW MILL, BANK, etc	Menns
RESE VG INI AGE sl that it ons on	0 10. Date deceased last worked at this occupation (month and year)	
2 4 .5	MARYLAND	Other Cantributery Causes of importance:
MARGIN TUNFADIN Supplied. An terms, so	12. BIRTHPLACE (city or town) (State or country)	All it Dut in the
UNFA upplied terms,	≅ 13. NAME PHILLIPE? JOHN	not due to concor. Cost
A Data	13. NAME PHILLIPE? JOHN 14. BIRTHPLACE (city or town) MARYLAND	Nama of operation 2 2 3 7 Data of
(N) Int	(State of County)	What test confirmed diegnosis?
wie fully in pla	15. MAIDEN NAME MILLLER, MINIRA	23. If deeth was due to external causas (VIDL ENCE) fill in also the following:
E	[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
be SAT	1 (date or overny)	Whare did injury occur? (Specify city or town, county and State)
	17. INFORMANT MEMORIAL HOSPITAL (Address)	Specify whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL St. Peters	Manner of Injury
	Place esternport Md. Data Dec 14 ,19 37	Neture of Injury
LWRITE mation s CAUSE TION is	19. UNDERTAKER Joseph A. Hannon	24. Was disease or injury In eny way related to occupation of deceased? 22-10
FOH	(Address) Piedmont, W. Va.	If so, spacify
80 AG	20. FILED DEC 18, 1937. J. P. Franklin M. D.	(Signed) The Many St.

Dr. Williams If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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16	PLACE OF						(183)	
	County	Al	Legany				Registration Dist. No.	
	Village or C	ity	umberl	and			No. In Potomac River belowst. Cumb death occurred in a hospital or institution, give its NAME instead of street and num is the bound of	erl
	Langth of resi	dence in c	ity or town where	death occurred	1	yrs,mo	Bds. How long in U.S. If of foraign birth?yrsmos.	iber)
2	. FULL NA	VIE S	Tames C	. Kesn	er		If U. S. Veteran, specify WAR	
	(a) Residen	e: No	130 Hu	mbird	St		St., Ward.	
Complete Com						of abode)	If nonresident give city or town and Sta	le
_			D STATIST				MEDICAL CERTIFICATE OF DEATH	
	Male	Whi		5. SINGLE, OR DIVO	MARE RCED	RIED, WIOOWED, (curite the word)	21. DATE OF DEATH Sprolimately 3 months Dec. Martin 37 (Day)	(Year)
5e.	If married, widow HUSBANO of (or) WIFE of	ed, or divo	Lora H	arper	Ke	sner	22. I HEREBY CERTIFY, That I attended dec	aased fro
6	DATE OF BIRTH	month day	se Se	pt. 10	,	1871.		,
7. /	AGE Year	S	Months	Days		If LESS than	lo have occurred on the data stated above, atm.	eatii 15 Sa
	66		5			l day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	ate of ons
OCCUPATION	8. Trade, profes kind of w SAWYER, 9. Industry or 1	ork done, BOOKKEE	as SPINNER, PER, etc	Reti	re	ā	falling from bank itt	
UPA	work was	dona, as	SILK MILL,				Butalan finer at	
000	10. Dale decease this occup	d last wor	ked at	11. To	Spani	na (years) t in this pation	Bouth Branch,	
12.	BIRTHPLACE (cit (State or coun		W	¥a -			Other Coutributory Causes of Importance:	
20	13. NAME Ha	rvey	Kesne	r				
FATHER	14. BIRTHPLACE (State or	(city or to	wn)	-W. Va	•		Nama of operation	
ER	15. MAIDEN NAM	ME Ma	rtha -			•	What test confirmed diagnosis? Was there an au'o 23. If death was due to external causes (VIOL ENCE) fill in also the following:	psy?
MOTHER	16. BIRTHPLACE (State or	(city or to	wn)Un	known			Accident, suicide, or homicide? Date of Injury Where did injury occur?	., 19
17.	INFORMANT 3	tanl O Hu	ey Kes	ner St.Cum	be:	rland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	
	BURIAL CREMATI	ON OP B					Manner of Injury	
19.	UNOERTAKER		C. Wol				24. Wes disaase or Injury in any way related to occupation of deceased?	
	FILEPARE	-421	3001	Of .	60	2: m 1)	(Signed) Leve Vandynam Vozo	na

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 8 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	93-0
County allegany	Registration Dist. No. 4
Village or City Embledland	No. 2 4 3 71. Mechanic St, 2 -/ Ward
	If death occurred/in a horpital ordinatitution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Maria Change Wil	If U. S. Veteran, specify WAR
(a) Residence: No. County House	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (waste the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF The There was wife	22. HEREBY CERTIFY, That I attanded decassed from
711-1-11-19-1	193 , to 020 2 5 , 193
6. DATE OF BIRTH (month, day, and year) May 31/85 7. AGE Years Months Deys If LESS than	i last saw h.E. C. alive on
8/ 0 2/ 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were as follows: Data of one
kind of work done, as SPINNER, Houseworks	- malnutrition - exhaustion
9, Industry of Dusiness in Which	
10. Data deceasad last worked at 11. Total tima (years)	Made to gue La realistment for
this occupation (month and 1935 spent in this occupation	Dither Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Fluilstone	Artera es lucas
(Stata or country)	- Senila Dumentia
13. NAME aubrose chancy	
14. BIRTHPLACE (city or town)	Neme of operation Date of Date of
	What test confirmed diagnosis? Amelal Was there an autopsy?
	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mc Clellan Kifer	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) A + D + 5 - Currentand	the same of laters
Piace Flutatione Cem Date Dec 27, 19 3	Manner of Injury
19. UNDERTAKER Jacob Haler.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cample Light by	if so, specify
20. FILED dec 27 197 & P. Franklin M. D.	(Signed) It / Damang M
Registrat	(Address) 6 7 Ar C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Every item of infor-

A PERMANENT R

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	in the limit of the last	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 0 1938	July 5,1927	Peritonitis	3 days ago
and the second s	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes, of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SAN 0 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
--	----------	-------	-----------------	----	-------

12534

1. PLACE OF DEATH			-	NOTA MATCH	
County Allega		0.10		Registration Dist. No.	
Village or City nea	r Daws	on	/86	ND. St.,	Ward
Langth of rasidanca in city	or town where da	ath occurred		r death occurred in a nospital of institution, give its [VAIVE, instead of street and second of the control of	
2. FULL NAME Wi					
	F3 Keys	757	Va.	If U. S. Veteran, specify WAR	
(a) Residence: No. Ri	LO TTO'NO	(Usual place		St., Ward. If nonresident give city or town and	State
PERSONAL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH	
male Wh:	or race	5. SINGLE, MARI OR DIVORCEI SINGLE	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH Dec. 18th 1937 (Month) (Day)	., 193
5a. If married, widowad, or divorce	ıd				` *:-
HUSBAND of				22. I HEREBY CERTIFY, That I attended	
	Tan	ne 28.	1937	1 1 1 1 1 1 1 1 1 1	, 19
6. DATE OF BIRTH (month, day,	iliu year)				; death is said
7. AGE Years	Months 5	Days 20	If LESS than I dey,hrs.	to have occurred on the dete stated above, at S.e. 30 Am. The PRINCIPAL CAUSE OF DEATH and reletad ceuses of importance	
		20	ormin.	wara as follows:	Date of onset
8. Trade, profassion, or pert kind of work dona, as SAWYER, BDOKKEEPI	icular SPINNER,			Broncho Pneumonia	18-16-
SAWYER, BOOKKEEPE				Broneno Fliedmonia	14-10-
9. Industry or business in work wes done, es SII SAW MILL, BANK, atc	K MILL,				-
kind of work dona, as SAWYER, BDOKKEEP! 9. Industry or business In v work wes done, es SII SAW MILL, BANK, atc this occupation (month year)	d et n and	sper	ima (years) nt in this npation		
20130	Allega	ny Co.	Md	Dthar Contributary Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	1			-	
1	. Kýle			_	
	Pandl	eton Co	١.	none	
14. BIRTHPLACE (city or tow (Stete or country)	1)	Va.		Name of operation	
	el M. K	immel		What test confirmed diagnosis? Wes there an	
15. MAIDEN NAME Haz			V. Va.	23. If death was due to external causes (VIOLENCE) fill in elso the followin Accident, suicide, or homicide? \(\text{TO}\) Date of Injury	
16. BIRTHPLACE (city or town	1)		7. 7.0.		, 19
(State of country)	and Cl. Til	11100		Whare did injury occur? (Specify city or town, county and Ste	ate)
17. INFORMANT R#3 K	ur S. M eyser,			Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PI	LACE.
18. BURIAL, CREMATION, OR RE	MOVAL	Dec	19, 1937	Manner of Injury	
		Date		- Nature of Injury	
19. UNDERTAKER Paren	t.			24. Wes disease or Injury In any way related to occupation of daceasad?	
(Addrass)				If so, spacify Q	· · · · · · · · · · · · · · · · · · ·
20. FILED Dec - 19 , 19	37 06	agenla	Bor me	(Signed) Tev on Commen Co	Tong
20. FILED:		0	Registrar.	(Address) Elimb Mile	2

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago . IANI Peritonitis Cercbral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

•	 		
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2535
1. PLACE OF DEATH	11.	0
County allegacy	Registration Dist. No.	7
Village or City Hostirura, Ma	No. Insules Hosfield St., death occurred in a hospitel or institution, give it NAME instead of street and	Ward
	ds. How long In U.S. If of foreign birth?yrsm	
2. FULL NAME Clevander Kitis	If U. S. Veteran, specify WAR	
(a) Residence: No. Route 2 Finzel 1	Nd St., Ward.	
(Usual place of about)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2016c the word)	21. DATE OF DEATH (Month) (Day)	, 193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended 12-4 137 12-8	deceased from
2-1 2/ 1029	19.5, 10/	, 192 Z
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then	I last saw h.i.M. alive on	; death is said
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	were es follows:	Date ot onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this second in this common than the same in this second in t	Tasluenna.	12-2-37
9. Industry or business in which	Lolear breumonia (left base)	12-6-37
work was done, as SILK MILL, SAW MILL, BANK, etc		
year) occupation	Other Coatributory Causes of Importance:	100 M
12. BIRTIIPLACE (city or town)		
(State or couptry)		-
14. BIRTHPLACE (city or town) Lituania		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an	eutopsy?
15. MAIDEN NAME Mary Makelesky 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externat causes (VIDLENCE) fill in also the followin	g:
5 16. BIRTHPLACE (city or town) . L. Literania	Accident, suicide, or homicides Date of injury	, 19
(State or country) (Old Community)	Where did injury occur?	
17. INFORMANT Mrs. Mary Kitis (Address) Fusel ma.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place June Date @ Loc. 11, 1931	Nature of injury	
19. UNDERTAKER Quest, (Address)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 12 - 10 , 1997 mis. a. R. Walker Recistrat.	(Signed) He Lulli (Address) Frothung, Md.	M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 4.	

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Example I

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The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 7915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago

Example II

Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . IAN B 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
			7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
b			

11	6 9 4	111		
	ITE PLACEY, WI UNFADING INK-THIS IS A PERMANENT RE D. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	of	ple	CCI	
	em	shou	0 J	
7	y it	S	it o	
	Ever	IA	mer	1
	D.	SIC	tate	
	3	H	ct s	
	RE		Exa	
- In	LN	LY		
ž	NE	CT	ified	
O Z	MA	XA	lass	
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Ā	5	AGI	tha	200
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	LY	e ca	ATH	I is your important Con inchmotions on hank of configuration
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	PL	hou	OF	4072
	IVE	n s	SE	J.

1. PLACE OF DEATH		946
County_ Allegany		Registration Dist. No.
Village or City Cumberlan	d Md	No. 718 Yale St. 4-2 Ward
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(lf radyrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In J. S. If of foreign birth?
	abeth Kraus.	
(a) Residence: No. 718 Yale St	•	
	al place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fem. White 5. SINGLOR DR. DA	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH Dec 28 1937 , 193 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gottlieb Krau	g	22
6. DATE OF BIRTH (month, day, and year) Nov. 1	7, 1854.	l last saw her aliva on See. 28, 1937; death is said
	ys If LESS than	to have occurred on the date stated above, at 1130-mAm
83 1 1 1	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance wara as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.	usewife	Date of one of Date of Da
9. Industry or business in which work was done, as SILK MILL.		CEPENTAGE
SAW MILL, BANK, etc	Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Fredrick (State or country) Mary 1	and	Dther Cantributory Causes of Importance:
Henry A. Shaffe	r	T A /
13. NAME Heffity A. Shaffe	n <i>y</i>	Neme of operation
(State of country)	an	Whet test confirmed diagnosis? Watter of Was there en eulopsy? //o
15. MAIOEN NAME SERIE	CALL	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Seam 16. BIRTHPLACE (city or town) (State or country)	yl-and	Accident, sulcida, or homicida?
17. INFORMANT Mrs. Roy Hinkle (Addrass) 718 Yale St. Cum	herland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18 RURIAL CREMATION DR REMOVAL.	Dec. 31 37.	
		Nature of Injury
19. UNDERTAKER J. C. Wolford		24. Wes diseesa or injury in any way related to occupation of deceasad?
(Address) Cumberland Md 20. FILED Rec. 3/, 1937 2. Phan	Alin, M.D.	(Signed) Who we follows A.M.D.
/ /	Registrar.	(Address) universary, M.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 0 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	item of infor-	should state	of OCCUPA-	
)	T RECORD. Every	Y. PHYSICIANS	Exact statement	
	IS A PERMANEN	stated EXACTL	properly classified.	certificate.
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	WRITE PLAINLY,	mation should be cal	CAUSE OF DEATH	TION is very import

R. WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12538
1. PLACE OF DEATH	216.00
County Allegany	Registration Dist. No.
Village or City Lonacorting	No. St., Ward
Length of residence in city or town where death occurred	f death-of-coursed in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mrsmosds.
2. FULL NAME OF ills and Lix	If U. S. Veteran, specify WAR
(a) Residence: No. All as Cov	St. Ward.
(Usual place of abode)	If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Charlet Husbano (Standard Husbano)	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 2.2. 1890	
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete statad above, at & m.
47 /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:
8. Treda, profession, or perticular kind of work done, as SPINNER, kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end yeer) spant in this occupation (month end yeer)	Other Contributory Causes of importence:
(State or country) 13. NAME 12. BIRTHPLACE (city or town) (State or country) 24. Annual Canad 25. BIRTHPLACE (city or town) (State or country)	
II IS. NAME	
14. BIRTHPLACE (city or town) (State or country)	Name ol operation Date ol
15. MAIDEN NAME Revision Shuhart 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Passibly abetty Lee	Whet test confirmed diagnosis? Wes there an autopsy? 23. If deeth wes due to external causes (VIOLENCE), fill in also the following: Accident, suicide, or homicide? Date of injury ADULL, 19.27. Where did injury occur? MANAM, Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Struck by asylynopide
Place Laurel Hill Country of Des 14, 1937	Nature of injury Fractives about
19. UNDERTAKER De Cichleoning Colonia (Addiess) Guracining Colonia (Addiess)	24. Wes disease or injury in eny way related to occupation of decessed? Mr. If so, specify (Signed) M. D. M. D.
20. FILED 20. 19 19 19 - 4- VOE 7 Projector	(Address) Ethalound my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(48)
County Allegary.	Registration Dist. No.
Village or City Complexiand.	No. 417 Market St., 3-/ W f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME fullie trance & lewell	If U. S. Veteran, specify WAR
(a) Residence: No. 417 Malnut. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer) (Yeer)
HUSBAND of (or) WIFE of Jamley Llerschun	1 HEREBY CERTIFY That I attended deceased to Dece 1
DATE OF BIRTH (month, dey, and yeer) 2 3 1881	I last sew h A.S. alive on Dec 1 1987: deeth is
AGE Yeers Months Days II LESS then	to have occurred on the date steted ebove, et 12,40 m.
56 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cancenna I whomas 190
kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at bits occupation (month and	D
10. Oate deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) Commbestand	Other Contributary Causes of Importance:
(State or country)	-
14. BIRTYPLACE (city or town)	Name of operation Laderam breston Date of 1934
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME - Rawlings	23. If deeth was due to externel ceuses (VIOLENCE) drill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7. INFORMANT Robert & lessellyan.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Usewhyland	Manage of Jaluan
Place Rose / plf lew Oate dlee 7, 1937	Menner of injury
9. UNDERTAKER Koms Stein One	24. Was disease or injury In eny wey releted to occupetion of deceesed?
(Address)	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	- 1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 JAN 6 1039			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
•			

THE UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-illy supplied. AGE should be stated EXACTLY. PHYSICIANS should state-plain terms, so that it may be properly classified. Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. nation should be carefully supplied. WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

CQ	RPORATE LIMISTATE OF MARYLAND	CERTIFICATE OF DEATH	040
	1. PLACE OF DEATH	82:0)	
	County allerany	Registration Dist. No. 4	
	Village or City Cumulelland	No. 9 Mest 15 St., 6 death occurred in a hospital or institution, give its NAME instead of street and t	3. Ward
		ds. How long in U.S. if of foreign birth?yrsmo	
	2. FULL NAME John Thomas m	Lahuneus. Veteran, specify WAR.	
	(a) Residence: No. () 8 West st. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the ward)	21. DATE OF DEATH Dec 26	, 193
	5a. If married, widowed, or diverced	(Month) (Day)	(Year)
	(or) Viola & Owens	1 HEREBY CERTIFY That I attended	deceased from
e.	6. DATE OF BIRTH (month, day, and year) mou 17 1864	1 Kst saw h see aliva on ble 26 , 1937	; daath Is said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date statad above, at	
rtii	73 7 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	Date of enset
of ce	8. Trade, profassion, or particular kind of work done, as SPINNER, Retired Raller SAWYER, BOOKKEEPER, etc.	arterio ocherory	1436
back	9. industry or business in which		
no	SAW MILL, BANK, etc		
ion	0.0	Other Coutributory Causes of importanca:	Dec.
nct.	12. BIRTHPLACE (city or town) Clare (State or country)	Cembral apoplary	23.
instructions	# 13. NAME nathan maliques		
See i	14. BIRTHPLACE (city or town)	Name of oparation Data of	
S	(State of country)	What tast confirmed diagnosis? Clinical Was there an a	utopsy? 40
nt.	15. MAIDEN NAME Sarah Schryder	23. If death was due to axternal causes (VIOLENCE) fill in also the following	: 12 /191
important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
mpc	(State or country) Germany.	Where did Injury occur? (Specify city or town, county and Stat	(e)
	17, INFORMANT C. R. Mulliney	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
is very	(Address) 2.2 alta 9 ista. Brink) (resturant) 7	14. Lo	
	Place Race Hill Cem Data Dec 28, 193.7	Mahnar of injury	
TION	19. UNDERTAKER Jours Slein Inc	24. Was disease or injury in any way related to occupation of deceased?	ue.
7	(Address) Cumberland me	If so, specify	110
	20. FILED Dec 28, 1927 Jus. P. Fremhlin M.D	12-7-	M. D.
	Registrar.	(Address)/_ 2 _ 0 _ LL	

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Example 1	1	Example 11	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos.____ds.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

back instructions d OF

Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days 1 day,____hrs. ormin. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9-Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) HER 13, NAME FAT 14. BIRTHPLACE (city or town) (State or country) MOTHER 15, MAIDEN NAME 16. BIRTHPLACE (city or town)_____ (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVA 19. UNDERTAKER (Address)

21. DATE OF DEATH (Month) I HEREBY CERTIFY. That I attended deceased from

MEDICAL CERTIFICATE OF DEATH

to heve occurred on the date stated above, at_____ The PRINCIPAL CAUSE OF DEATH end related ceuses of importance

Dete of onset

Other Contributory Causes of importence:

Neme of operation.

What test confirmed diagnosis?_.

23. If death was due to external causes (VIOL ENCE) fill in also the dollowing: Accident, suicide, or homicide?

Where did Injury occur?

(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In BUBLIC PLACE

24. Was disease or Injury In any way related to occupetion of

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEA 3 1938	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			- 1 - 1	

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mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

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V. S. No. 1

MARGIN RESERVED FOR BINDING

County Allega	m.	Registration Dist. No.	!
Village or City Length of residence in city or town wi		No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and most. How long in U.S. if of foreign birth? yrs. mo	
2. FULL NAME Zyck (a) Residence: No.	(Usual place of abode)	St., Ward. Canal give city or town and	Ind.
PERSONAL AND STAT	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH Dec - Znd (Month) (Day)	, 193.7 (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mancy	Roby.	22. I HEREBY CERTIFY, Thet I attended of Supt 1,1927, to Dec 2	deceased fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month	Deys If LESS then 1 dey,hrs.	I last saw h alive on	; death is se
8. Trede, profession, or perticuler kind of work done, es SPINNER SAWYER, BDOKKEEPER, etc	Interes.	g Esoplagus	3
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	11. Totel time (yeers) spent in this occupetion	Dther Contributory Causes of Importance:	
(State or country)	unknown		
14. BIRTHPLACE (city or town)(State or country)		Name of operation Dete of What test confirmed diegnosis? Was there en e	eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	rey me lossey	23. If death was due to externel causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of Injury Where did Injury occur? (Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	;; , 19
18. BURIAL, CREMATION, OR REMOVAL Place Control of the control of	Parate Dec. 5, 1937	Menner of Injury	
19. UNDERTAKER And Start (Address) 20. FILED Dec. 4, 19.3. 7. 6	Pranklin, M.	24. Wes disease or Injury in any way related to occupation of deceased?	24.

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Chronic interstitial nephritis 1028	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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(Address) _

Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importances	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12544
1. PLACE OF DEATH	23
Village or City A La acolania Wis	Registration Dist. No.
	NoSt.,Wall death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 2 Jyrs. 2 mos	10
2. FULL NAME MASSI Costler MS	Portought U. S. Veteran, specify WAR.
(a) Residence: No. Forsakarving, St Maria Te	Mard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19.30, to 19.30
6. DATE OF BIRTH (month, day, and year) Oct 6, 1915	liast saw h La alive on QLL 24 , 19.37; death is si
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
(22) 22 2 19 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmonay Fubriculosis 10/1/
work was done, as SILK MILL, Celanest Plant	0
10. Dete deceased lest worked et this occupetion (month and 12) spent in this	
this occupation (month and year) 450 spent in this occupation 9 412. BIRTHPLACE (city or town) 2014 ASC LIMES	Other Contributary Causes of importance:
(State or country) May Canfd	
13. NAME Satura M. Donory In 14. BIRTHPLACE (city or town) Carral origing	
14. BIRTHPLACE (city or town) Sandoning	Neme of operation Dete of Dete
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Plangaret Staken 16. BIRTHPLACE (city or town) Source according (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicida?
17. INFORMANT Phiss May Mayaset Manne	Where did injury occur? (Specify city or town, county and State) pacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR, REMOVAL	
Place Stillary & Cerretery Octo, Dec 28, 1937	Menner of Injury Nature of Injury
19. UNDERTAKER IL Gichney	24. Was disease or injury in any way related to occupation of deceesed?
20. FILEO 727/37 19 DJ- E. Dougt Jlo	(Signed) M LA CARLLEY M

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
2 1938				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
1				

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	OI MUL	LOIL	PURLITER	SIMITATION	DI	LHISIOIAN

1. PLACE			-CERTIFICATE OF DEATH	7
County	allean	MIN	Registration Dist. Np.	
Village	or City Propost	luha	No. Allaners Arshital st	1
Langth of	residence in city or town whare		(If death occurred in a hospital or institution, give its NAME instead of street and nos.) How long In U.S. If of foreign birth?	
2. FULL	NAME CONNEY	Stofliam Meest	augh If U. S. Veteran, specify WAR	
(a) Res	idence: No. Lapha	Coning Hanchang	St., Ward. If nonresident give city or town and	State
PERS	ONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH CE 27	_
Mal	Ithere	Married	(Month) (Day)	, 193_Ye
HUSBAND (or) WIFE		Skewellyn	22. I HEREBY CERTIFY, That I attended of	deceased
6 DATE OF BIR	TH (month, day, and year)	Pol 1913H	1 last saw barra aliva on Alex 26 1937	: daath
7. AGE	Years Months	Days If LESS than	to have occurred on the dete stated abova, at 12:200 m.	, oddtii
	22 10	26 1 day,hr		
8. Trade, p	rofassion, or particular	01 01 1	Total distribution	Date
E SAW	of work dona, as SPINNER, YER, BDDKKEEPER, etc.	el anus Hork	Frosture of Stull	100
Work SAW	or businass in which was done, es SILK MILL MILL, BANK, etc	lanese Plant	Intereradial Hemovrhage	19
U No. Date de	caasad last workad at occupation month and	11. Total time (years) spent In this g 9		
			Other Coutributory Causes of importance:	
12. BIRTHPLACI		suland		
₩ 13. NAME	Emmers 8	most and		
I	ACE (city or town)	Vanthey a	Name of operation Date of	
	te or country)	Maribuna	What test confirmed diagnosis? Clark Franch Was there an a	utonev?
15. MAIDEN	NAME // ary	& nothha	23. If daath was dua to axternal causes (VIO) ENCE) fill in also the following	
16. BIRTHPI	ACE (city or town)	Bartlere	Accident, suicide, or homicides security. Date of injury Dec	
	te or country)	marylan	Whera did injury occur? Dilmye 7md	
17. INFORMANT (Address	Ins me or	1 Kennedy	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
	MATIDN, OR REMOVAL	perus frent	Manner of injury Struck by Automs	1
Place	airsel Hill Con	tema Dec 29, 193		
- (m. a.	Mahor	24. Was disease or injury in any way related to occupation of daceased?	203
19. UNDERTAKE	///	acorina Ind	24. Was disease or injury in any way related to occupation of deceased?	14.
19.	-28 1 M	1 1 @ W 0000	(Signed)	T
20. FILED	20 ,19 7 MU	Registrar.	(Address)	2

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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MIRFALL V. S.				
A major an explanation of the contraction of the co				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstanes	May 1,1923	Gastroenteritis	1 year	
	السمسما			

Every

V. S. No. 1

1. PLACE OF DEATH should OCCI Registration Dist. No. County (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DtVORCED (write the word) (Month) (Yaar) 5a. If married, widowed, or divorced HUSBAND of 22. 1 HEREBY CERTIEN. That I ettended deceased from (or) WIFE of Ü certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years If LESS than to have occurred on the data stated above, at See 3. 1-m. Months 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or.... Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER. Jo 110 SAWYER, BOOKKEEPER, etc back CUPAT 9. Industry or business in which may work was done, as SILK MILL, SAW MILL, BANK, etc.... 10-Data deceased last worked at 11. Total tima (years) on 00 spant in this this occupation (month and that vear) ---occupation instructions 12. BIRTHPLACE (city or town (Stata or country) HER 13. NAME FAT See Name of operation. 14. BIRTHPLACE (city or town) lain (State or country) What test confirmed diagnosis?. D efull MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: very important Accident, suicide, or homicida? Date of Injury DEATH 16. BIRTHPLACE (city or town) _. (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether Injury eccurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT pluods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury USE Nature of injury NO 24. Wes diseasa or Injury In eny way related to occupation of deceased? 19. UNDERTAKER (Address) If sa, specify (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WRITE PLAINLY, W

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	18091
County Ollegares	Registration Dist. No.
Village or City. Fra Albusa md.	NDSt.,Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence meity or town where death occurred	
2. FULL NAME ames H. Muchael	If U. S. Veteran, specify WAR
(a) Residence: No./ (Usual place of abode)	St., Ward. MANUA HOLDEN and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH De Clubbar 3rd , 193 7 (Month) (Day) (Yeer)
5a. II married, widowed, or divorced HUSBAND of	
(or) WIFE of Rosale Michaels	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Queq . 1 1897	I lest saw h Assa. alive on Assa. 2 ,1987; death is said
7. AGE Years Months Days If LESS than 1 day	to heve occurred on the date stated above, et_[s/_s/_A_m.
70 7 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Coal minely SAWYER, BDDKKEEPER, etc.	(+ DO 1 + DE 3
✓ Syndustry or business In which	Trouble de la constant of the
work was done, es SILK MILL, The SAW MILL, BANK, etc	messaar française de la constante de la consta
apent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	DI AND DO
	Sheer Generoman
13. NAME Letter mighaels 14. BIRTHPLACE (city or town) (State or country)	Neme ol operation Date of
(State or country) Maryland	What test confirmed-diegnosis? Cluved Wes there an autopsy? MA
15. MAIDEN NAME Margaret Martin	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Yllaryland	Where did injury occur? What of / White Way Man (Specify city or town, county and State)
17. INFORMANT Mrs. Grally Michaels	Specity whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Fall Dastkain he will
Place Wellershing Date Nec. 5, 1937	Nature of injury of salter of Telos & auting bayane
19. UNDERTAKER L. LUCKST	24. Was diseese or injury in any way related to occupation of deceesed?
(Address) Fronthara Md	If so, specify condition in a mind
20. FILED /2. 131 19 37 Mus. a.R. Falker	(Signed) A M. D.
Registrar. If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1	Ð	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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NUREAU V. S.			
Other contributory causes of importance:	and the state of t	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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100	sk	Jo	
WILL LIMITE, W. CONTAINED IN ILLINITION IN THE CONTROL OF THE CONT	mition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
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The Part of	Б.	Exac	
7 . 4	LLY	ed.	
2 4 2 2 2 2 3	ACI	assifi	
TATE	EX	y cla	te.
7 77 6	ated	oper]	TION is very important. See instructions on back of certificate.
77 01	e st	e pr	f cer
777 1	q F	y b	k 0
	hould	t ma	bac
TT	E	lat i	S OT
DATE	AG	th of	tion
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 12548
1. PLACE OF DEATH	93-0
County allegany	Registration Dist. No. 9
Village or City Trostourg	ND. 126 Held St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
7 0 5	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah Hansel Tyilla	If U. S. Veteran, specify WAR
(a) Residence: No. 126 Hill St	St Ward.
(Usual place of abode)	If nontesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale While marines	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet i attended deceased from
(or) WIFE of Wesley Tyrller.	Lee 7 137 10 Dec 7 1937
6. DATE OF BIRTH (month, day, and year) July 1 . 1877	I last saw he selive on Rec 7 1937; death is seld
7. AGE Years Months Dys If LESS than	to heve occurred on the deta statad above, at 12.152 P.m.
60 5 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
9 Trade profession or particular	were as rollows:
o kind of work dona, as SPINNER. House Warls	Chronic moreautites ?
9. Industry or business in which work was dona, as SILK MILL,	
kind of work dona, as SPINNER, Jourse Warren BOKKEEPER, etc. 9. industry or business in which work was dona, as SILK MILL, Jourse 11. Total tima (years) 10. Date deceased last worked at 11. Total tima (years)	
this occupation (month and yaar) spent in this 40 yaar)	
P. a. the	Other Contributary Causes of Importance:
12, BIRTHPLACE (city or town) areas town	10 to West a divot Oce
	Carrie Curentity (Vale 1)
<u> </u>	
4 14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosist. Was there an autopsy 22-02.
E 80 14 20 1	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
01 1 %	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT Advant active (Addrass) Bratthure, Md.	Specify whether injury occurred in INDUSTRY, in nume, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place allegany Com : Oate Jos. 10 Ju, 19 31	Neture of injury
The Hole .	24. Was diseasa or injury in any way related to occupation of deceased?
19. UNDERTAKER (Addrass) Frostling . L	If so, specify
	(Signed) MAM Land M. O.
20. FILED Lev 10, 1937 Day L Registrar.	(Addrass)
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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			3

ADDITIONAL SPACE FOR FURT	HER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

County Allegand		Registration Dist. No.	12
Village or City		al or institution, give its NAME instead of in U.S. if of foraign birth?yrs.	St.,War f street and number)
2. FULL NAME Served Les (a) Residence: No. (Usual place	In organ If U. S.	Veteran, specify WAR	••••
PERSONAL AND STATISTICAL PARTI	CULARS MEDI	CAL CERTIFICATE OF DI	EATH
	RIEO, WIDOWED? D (write the word)	EATH 2 (Month) (Day)	(Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	220 1 HE	REBY CERTIFY, That	, and the same of
6. OATE OF BIRTH (month, day, end yeer) 9767 3	- 1937 Hast sew ham. a	live on Alc 26	, 19 3 2; death is sai
7. AGE Years Months Days	I/LESS than 1 day,hrs. ormin, were as follows:	e date stated above, et 650 Pm. E OF DEATH and related causas of impor	rtance
8. Trade, profession, or perticufar kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (month and	were as follows:	scho	Date of onse
- this occupation (month and spot	me (yaers) nt in this pation Other Contributory Cau	ses of importence:	1-43
(State or country) 13. NAME And Morgan 14. BIRTHPLACE (city or town)	md. Name of operation		, Oete of
(State or country)	What test confirmed dia		s there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass)	Accident, suicida, or ho Where did injury occur	xternal causes (VIOL ENCE) fill in also th micide?Oate of inju ?(Specify city ox town, coun occurred in INDUSTRY, In HOME, or in F	ury, 19
18. BURIAL, CREMATION, OR REMOVAL Pleca Data Data	Manner of Injury		
19. UNDERTAKER (Addrass)	24. Was disease or injur	y in any way ralated to occupation of dec	ceasad? 74
20. FILEO Wec 28, 1937 R. J.	(Signed) Address) .	DVIJa Lane	M.

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Gallstones	May 1,1923	Gastroenteritis	1 year

NITHIN COR	PORATE LIMITS STATE OF MARYLAND-	CERTIFICATE OF DEATH	2550
infor- state UPA-	1. PLACE OF DEATH	(59)	
	County Allegamy.	Registration Dist. No. 4	/
item of should of OCC	Village or City Communication	No. 218 /Jan St. 2.	_/_Ward
/ = 0 /	Length of residence in city or town whera death occurred 70 yrs	death occurred in a hospital or institution, give its NAME instead of street and n	
Ever	2. FULL NAME Rank Old Anni mile	liganti U. S. Veteran, specify WAR	
RD. Every YSICIANS	(a) Residence: No. 218 1 day	St. Ward.	
	(Jojual place of abode)	If nonresident give city or town and	State
X E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY.	3. SEX) 4. COLOR OR RACE OR BLYORCED (write the word)	21. DATE OF DEATH Liceur (Month) 39 (Day)	, 193 (Year)
	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. / HEREBY CERTIFY, That I attended of	daceased from
ND RMA X A class	manus mungan	Necember 26 , 19 37, 10 & cents	19., 19.3.7.
BINJ PERM EX/ Iy clas	6. DATE OF BIRTH (month, day, and yaar) May 10 /86/		; daath is said
FOR B) IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at / The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, profession, or particular	were as follows:	Data of onset
HIS be be of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Burnsun & Hallovanes	3 Will ago.
RESERVED G INK—THIS GE should be that it may be ons on back of	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7-7	
SERV INK_T should it may on back	U 10. Date decaasad last worked at 11. Total tima (years)	Chronie herhacker -	?.
RES VG I	this occupation (month and spant in this occupation occupation	Therebery Une usa.	?
ZAZ	12. BIRTHPLACE (city or town) Comboland (Other Contributory Causes of importanca:	
MARGIN UNFADI supplied. a terms, so	(State or country)	Dealites melleter.	2,
	13. NAME Deorge Totale	Jameset -	34240
-= 00	14. BIRTHPLACE (city or town)	What tast confirmed diagnosis Parkel autipes Was there an a	utopsy?_7.2-
W. efully in pla	15. MAIDEN NAME Many and -	23. If death was due to external causes (VIOLENCE) fill in also the following	:
INLY, Wybe careful EATH in 1	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
AINLY, dd be cai DEATH	(Control County)	Whare did injury occur? (Specify city or town, county and State	e)
PLA hould OF D	17. INFORMANT AMIS MILLINGAN (Address) Amily I	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
F=1 10	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place It Values Cimbata Viel 31, 1937	Natura of injury	
WRITH mation SCAUSE	19. UNDERTAKER armo Sterie Das	24. Was disaasa or injury to any way related to occupation of deceased?	no
ů Ž	(Addrass) Companie	If so, spacify	
Si Si	20. FILED Dec 30, 1937 J. P. travellin M. A).	(Signed) (Survey as	M. D.
	Registrar.	(Address) Is I all the different St.	

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(170)
County allecans :	Begistration Dist. No.
Village or City But Hits	No Bellimore like st 4-2 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town whare death occurredyrs,n	nosds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME , Samual Inju	If U. S. Veteran, specify WAR.
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While don't Know	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I ettended decaesed from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and yeer)	I lest sew h elive on 19 death is sefd
7. AGE Yaers Months Deys If LESS then	to have occurred on the dete steted above, atm.
C 11day,h	The PRINCIPAL CAUSE OF DEATH and raletad ceuses of importance
8. Treda, profession, or particular	were esfollows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Crushed Check
4 9. Industry or business in which	
SAW MILL, BANK, etc.	
10: Date deceased last worked et this occupation (month and	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Guist Countries of Importance.
(State or country)	
13. NAME	
14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)	What test confirmed diegnosis? Wes thara en autopsy?
15. MAIOEN NAME	23. If death wes due to external causes (VIOLENCE) fill in elso tha following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Inscitte Date of injury Nec 17, 193.7.
≥ (State or country)	Where did injury occur? Allacema Course Balt GiRe (Aprily city of Sound, county and State)
17. INFORMANT De Paulman Carone	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) B bull-a ma	Bublic Blase
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury Clarky ascalent
Placealle 60 bins Date Dec 29, 193	Y Neture of injury Threw self in front of auto
19. UNDERTAKE Sums Thin Inc	24. Was disease or injury in eny way related to occupetion of deceasad?
(Address) Bales and mod	If so, specify
100 Nos +7. 10 O Pt. 60. 00	(Signed) Ily Mourtman Money, O.
20. FILED. Registrar.	(Address) Church Inc

-WRITE PLAINLY,

UNFADING INK-THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

properly classified.

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

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Registrar

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JAN 6 1938			
Other contributory causes of importance:S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Shrakek & Conneck

OCCUPA

Jo

statement PHYSICIAN

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FOR

MARGIN RESERVED

S. No.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: VED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis JAN 8 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN 6 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SURLAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	M1 1000	Other contributory causes of importance:		
Tausiones	May 1,1923	Gustroenterus	1 year	

V. S. No. 1

1. PLACE O		ואואוי וכ	TLAND	——— Que Dr Wi	lliams
County	Allega	ny		Registration	Dist. No.
Village or	city Cumberl	and. Md	(If	No. 515.City.View.T death occurred in a hospital or institution, give its NAM	ar St., 5 - Ward E instead of street and number)
Length of res				ds. How long In U.S. if of foreign birth?	yrsds.
2. FULL NA				if U. S. Veteran, specify WAR	************
(a) Reside	nce: No. Cumbe	rland.		St., Ward.	t give city or town and State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE	
s. sex Male	4. COLOR OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (wwite the word)	21. DATE OF DEATH Dec 23.1	1937
5a. If merried, wido	wed, or divorced			(Month)	(Dey) (Year)
(or) WIFE of	Rema.Port	mess		22. / 1 HEREBY CENTIF	Y. Thet i ettended deceased from
	F.	eb.10.1	866	deat, 19 1, 10	-33.19 death is said
	(month, dey, and yeer) Fers Months	Deys	If LESS then	to heve occurred on the date stated above, et. 8	
71		13	1 dey,hrs.	The FRINCIPAL CAUSE OF DEATH and releted cause were estiblious:	ses of importance
8. Trade, prof	ession, or particular		01	were agronows.	Oata of onset
Rind of SAWYE	work done, as SPINNER, R, BODKKEEPER, etc	Insura	ince Age	Lordword	
SAWYEI 9. Industry or work w SAW Mil	business in which es done, as SILK MILL, ILL, BANK, etc				- /2:13:
10. Date deces	sed last worked et	11. Totel	time (years)	Clludy	0
TIII2 000	upetion (month and	sp	ent in this cupetion		
12 BIRTHPLACE (c	city or town)	Wva.		Other Contributary Causes of Importence:	
(State or con					
13. NAME	Washington	.Portme		-91-9 C	
13. NAME	E (city or town)		Wva	Neme of operation	Date of
(State o	or country)			What test confirmed diagnosis?	Was there en autopsy 226
15. MAIDEN N	AME Mary C	ritten.		23. If death wes due to external causes (VIOLENCE) f	fill in elso the following:
	E (city or town)		Wva	Accident, suicide, or homicide?	Date of Injury
(State o	Mrs.Henry.	Rocenhe	na	Where did Injury occur? (Specify city or town, county and State)	
17. INFDRMANT (Address)	Cumberlan	id. Md	/ L D	Specify whether injury occurred in INDUSTRY, in H	OME, or in PUBLIC PLACE,
18. BURIAL, CREMA	tidn, dr removal Bethel. Wva	L. Date Dec	26.1937	Manner of injury	
19. UNDERTAKER (Address)	John.C.W Cumberla			24. Wes disease or injury in any way releted to occup	-7/19
20. FILED De	e 24193721	Frank	lin M. D	(Signed) (Address)	illian M. D.

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Example I			Example II		
The principal cause of of importance were as f Arteriosclerosis	death and related causes ollows:	Dete of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephril		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 6 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S				
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones .		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor- state UPA-	STATE OF MARYLAND-	CERTIFICATE OF DEATH 12557
	1. PLACE OF DEATH	k7-61
tem of is	County - Control of the control of t	Registration Dist. No.
= 0	Village or City Osmitsiland (If	death occurred in a horpital or institution, give its NAME instead of street and number)
.NS	Length of residence In city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
3D. Every FSICIANS	2. FULL NAME Desse mith low	If U. S. Veteran, specify WAR
CARD. Every PHYSICIANS 1ct statement	(a) Residence: No. 122 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT RE	3. SEX 4. COLOR OR RACE CREATED AND COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH
DING ANEN Ssifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A and A former of the control of th	(Month) (Dey) (Year)
BINDING FERMANE: EXACTI y classified te.	(or) WIFE of Marton L. Powell	1 HEREBY CERTIFY. Thet I ettended deceased from
BINI ERM. EXA class	6. DATE OF BIRTH (month, day, end yeer) June 20 1895	I lest saw h, e. alive on
R B B A P P P P P P P P P P P P P P P P P	7. AGE Yeers Month's Deys If LESS than	to have occurred on the date steted above, et 2:45A-m.
FOR B. IS A PE stated E properly certificate	42 5 26 or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
- 10	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	your chrosmannone Dec
VED THIS Id be ay be ck of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Jindustry or business in which work was done, es SILK MilL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	15,147
EERVI KK—T should it may n back	9. Jhdustry or business in which work was done, es SILK MiLL, SAW MILL, BANK, etc.	
S T T T	70. Date deceased lest worked et this occupation (month end yeer) spent in this occupation (coupetion occupation this yeer)	
2 4 - 3	Proceedings of a	Other Contributory Causes of Importance:
ADIA d so	12. BIRTHPLACE (city or town) Steele or country) Steele or country)	Cont. Bon South 3
MARGIN UNFADI supplied. n terms, so	13. NAME Fred D. Fraker	Dec 2,9
MA U. sup in te	14. BIRTHPLACE (city or town)	Neme of operation Date of
E id	1 (State of Connects)	Whet test confirmed diagnosis? Wes there an autopsy?
W refu in	15. MAIDEN NAME Somme Gormbers 16. BIRTHPLACE (city or town)	23, If death wes due to external ceuses (VIOLENCE) fill in also the following:
LY, TH ca	16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
	17. INFORMANT Instan J. Pawell.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA Should OF D	(Address) Combuland.	
L sh is r is	18. BURIAL, CREMATION, OR REMOVAL Place Stammer Land Detection 18 1987	Menner of injury
WRITE mation scause	y . H . 9	Neture of Injury
TC TI	19. UNDERTAKER armo sum and -	24. Was disease or injury In any way related to occupation of deceased?
Z (A	1) 10 3 1 Page 10: MI	(Signed) 9. C. Thelore M.D.
Þ 2	20. FILED ALL J. J. J. J. J. Registrar.	(Address) 140 ften over Pt.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I

Gallstones

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Example II

1 year

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago RIBEALL Other contributory causes of importance. Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

May 1.1923

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12558
1. PLACE OF DEATH	1570
County Collegany	Degistration Dist. No.
Village or City Turk the Village or City	No. (Call St., Ward
Length of residence in city or lown where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. n of foreign birth?
2. FULL NAME Bernard C	Liestus
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR GWORCED (write the word)	21. DATE OF DEATH
19. W. dongle	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	1
(or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lot 23/93)	I last saw h alive on 2, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 Com.
Z // I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Date of onset
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINK MILL, SAW MILL, BANK, etc. 20. Date deceased last worked at this occupation (month and	July on my redering 9
9. Industry or business in which work was done, as SILK MILL,	Primary Cause a Congenital myocarditis.
SAW MILL, BANK, etc	Quarting: since brith, cut
O this occupation (month and spant in this year)	
the soll had	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
. 1	
H T	_0
[State or country]	Olame of operation
	What test confirmed diagnosis?
15. MATDEN NAME (Madegar) 16. BIRTHPLACE (city or town) Dean Park Myd	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Jan Jan July (State or country)	Accident, suicide, or homicide? Date of injury, 19
-1 (State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Design of Children (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place allegum lem Date 12. 4.3, 19.3	Nature of injury
19. UNDERTAKER Fallen Com J. Creston	24. Was disease or injury in any way related to occupation of deceased?
(Address) Faral Press, mt,	tf so, specify
20. FILEO / 2 - 3 , 1999 was. A. R. Walker	(Signed) MD
Registrar.	(Address) Lasting (MG)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balifmore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage RECEIVEU	July 5,1927	Peritonitis	3 days ago	
JAN 4 1929				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

NIT	HIN COR	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	ould state	1. PLACE OF DEATH	12553
	SE S	County Alfedanis	Registration Dist. No. 4
10	should of OCC	Village or City Celmballanel	No. Acmorial Hospital St., 6-6 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
			ds. How long In U.S. i1 of foreign birth?yrsmosds.
	D. Every YSICIANS statement	2. FULL NAME Granf Priday	If U. S. Veteran, specify WAR
	D. SIC		5 36., Ward.
		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	r Rr Y. PH Exact	3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH
U	T L ed.	5a. Il married, widowed, or divorced	(Month) (Day) (Yaar)
DIN	A C ssifi	HUSBAND of Marcellar Kincale	22. DI HEREBY CERTIFY. That I attended deceased from
BIND	EX. Iy cla	6. DATE OF BIRTH (month, day, and year) May 12, 1911	I last saw him alive on Doe 14 (23) 19 37; daath is said
~ H	7 7 7	7. AGE Years Months Days If LESS then	to heve occurred on the data stated above, at 10
FOF	IS A stated proper	2 1 1 1 1 1 1 1 1 1	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as I ollows:
		8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VED	F	9 Industry or business in which	Tracture of Stute
R.	should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
RESER		O this occupation (month and spant in this	6
RE	VG I AGE that ons o	yeer) occupation / O My	Other Contributory Causes of importence:
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	
MARGIN	FA lied ms,		
[A]	D # 2 "	I	Neme of operation Data ol Data ol
1	•= (0)	14. BIRTHPLACE (city or town)	Whet test confirmed diagnosis? Y. R. J. C. Laum Was there an autopsy? . N
	W. efully in pla ant.	15. MAIDEN NAME Some Getterdage	23. il deeth wes due to external causes (VIDLENCE) fill In also the following:
-	L	[16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
1	Id be cal	(State or country)	Where did Injury occur? (Specify city or town, county and State)
The same of	AAL Id 1 DE y ii	17. INFORMANT Trail (Maddy)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	E PLA should OF D	(Address) / (Mayuur fair) 18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Auto decellent
		Place Fillerist Date Sec 26, 1937	Natura of injury tractores Sterili,
	-WRITE mation s CAUSE TION is	10 HADERTAKER Poeris Stein Dre.	24. Was disease or injury in any way related to occupation of deceased?
10. 1	TEOH	19. UNDERTAKER SULLS SULLY SUL	If so, specily
vi	71	20 FILED De 2 5 1937 & Phanklin M.D.	(Signed) M. D
Α.	U	Registrar.	(Address) WWW GLOUP,
		If more blanks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis N 6 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY PHYSICIAN
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1938	July 5,1927	Peritonitis	3 days ago
WINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis (F C F V E D)	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage UAN 6 1938	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:	4-14-5	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN & 1938	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT REACRD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	TION is very important. See instructions on back of certificate.
WHITE PLAINLY, W.	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

MARGIN RESERVED FOR BINDING

	STATE	JF MAR	YLAND-	CERTIFICATE OF DEATH	
1. PLACE OF	DEATH			(157G) MITCHO	
County	alleg	lany		Registration Dist. No. 6	
Village or Ci	,	rson		NoSt., Geath occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAM (a) Residence	1040	ta Shu Justa (Usual place	yrs mos W W of abode)	If U. S. Veteran, specify WAR. St., Ward. If nonresident give city or town an	
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Temale	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH Sec. (Month) (Dey)	, 193./ (Yaar)
5a. If married, widowe HUSBANO of (or) WIFE of	d, or divorced			22. HEREBY CERTIFY, That I attanded 1 - 2 - 1 13.7, to 1.2 - 1	deceased from
6. DATE OF BIRTH (month, day, and yeer)	20020,1	1937	I last saw here alive on 12 -/ 1937	; death is said
7. AGE Year	s Months	Deys //	If LESS 1han 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end ralated causas of importance were as follows:	Oate of onset
8. Trada, profes kind of w SAWYER,	sion, or particular ork dona, as SPINNER, BOOKKEEPER, etc			Spina Pefida	
SAW MILI	done, as SILK MILL, BANK, etc	1			
O 10. Date decease this occup	ation (month and	11. lotal	tima (years) ent in this cupation	Othar Contributory Causes of Importance;	
12. BIRTHPLACE (city (State or coun		any Co.	md	opening over sacral	
13. NAME	Mey B.	Shreve		reagen at birty	
13. NAME 14. BIRTHPLACE (State or		ersburg,	W. Va.	Neme of operation Data of What test confirmed diegnosis? Wes there en	
15. MAIDEN NAMED IN THE SECOND	0 1	Lewis in her la	and mo	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	
(State or 17. INFORMANT _ (Address)		eve) la	Where did Injury occur?	ate)
18. BURIAL, CREMAT	ON, OR REMOVAL	Oate here	C 3 ,1937	Manner of Injury	
19. UNOERTAKER (Address)	Keyer Y	20. Va	,	24. Was disease or injury In any way releted to occupetion of deceesad?	no
20. FILED Dec.	2,193706	Taxenla	Bor Registrar.	(Signed) 6. 9. Courner (Address) Keyser W. Va	М. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT RE AD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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very	AN	nent	
). E	SICI	aten	
JIK	HYS	t st	
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MAR	AC	assi	
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A P	ed	erly	fical
IS	stat	prol	erti
HIS	pe	pe	Jo
E	pln	nay	ack
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LY,	car	TH	port
E	l be)EA	im
PL	onle	F I	TION is very important. See instructions on back of certificate.
TE	n sh	BE C	is
VRI	ation	AUS	NOI
1	E	C	H

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	D GERTH TOXILE OF BEATH
County Allegoury	Registration Dist. No.
Village or City Mix Hayask	NDSt.,Ward
100	(If death occurred in a horpital or institution, give its NAME instead of street and number)
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the way)	vord) 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 4-1937	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as \$PINNER SAWYER, BDDKKEFPER, etc.	Date of onest
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	// 0)11
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Ast Savage (State or country)	Other Contributory Canses of importance:
13. NAME Howard W. Sines	
13. NAME A grown W. State of Country) 14. BIRTHPLACE (city or town) W. J. W. W. J.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME PASIGNET STEEL	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Maldred Strale 16. BIRTHPLACE (city or town) had awayl ground for the control of	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Aver of W. Save	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMAVAL	A Manner of injury
Place Interded the Date (19-1-1- Nature of injury
19. UNDERTAKER (Address) Fronting M	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 25 , 1937 A BOSTILL	(Address) Mit Darage Mer.
If more blanks are needed, address State I	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Nol 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATE

V. S. No. 1

County Clude or City County Beauty County Client Client County Client Cl	outside of STATE OF MARYLAND-	CERTIFICATE OF DEATH
Village or City. Langth of residence in city or town where deeth occurred We death occurred in maginal or instinution, give in NAME instead of street and number) J. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residence: No. (d) Residence: No. (e) Residence: No. (i) Res	to the second se	
(If death occurred in the Mariela occurred in Mari	County allegany	Registration Dist. No. 4
Langth of raidence in city or town where death occurred. (a) Residence: No.	Village or City Cubberland	
(2) Residence: No.		
PERSONAL AND STATISTICAL PARTICULARS J. SEX W. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which the word) W. 1 DATE OF DEATH W. 1 DATE OF DEATH J. 1937. 1. HER E BY C E R T I FY. That I attended deceased from 19-3 to 1.	2. FULL NAME (Idam) W. Sm	ith If U. S. Veteran, specify WAR no
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARKERD, WIDOWED OD DIVORCED Gravitch word) OD DIVORCED Gravitch Sall married, widowego or divorced (Gravitch of Corp. Wire of Married Gravitch) T. AGE Pears Month Days It LESS than It day,		
The Principle Colly or town) Say It reds, profession, or particular which was done, as SPINNER, SAV MILL, BANK, atc. SAV MILL, BAN		
## PRINCIPAL Colly or town) 12. RISTRIPLACE (city or town) 13. NAME 13		December, 193 7
T. AGE Vests Month Harmonic Marker Trede, profession, or particular To PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importances ware as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importances The PRINCIPAL CAUSE OF DEATH and related causes of importances Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importances The PRINCIPAL CAUSE OF DEATH and related c	HUSBAND of (ac) WIFE of	
7. AGE Years Month H A A A A A A A A A A A A	6. DATE OF BIRTH (month, day, and year) See Lot 15 189 n	I last saw h. J. M. elive on Det 8 , 1937; death Is said
8. Trede, profassion, or particular hand of work done, as SPINNER, SANVER, BOOKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SANVER, BOOKEEPER, etc. 10. Date deceased last worked at years) spant in this secupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State pe-spuntry) 15. MAIDEN SANVER 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT J. SANVER 17. INFORMANT J. SANVER Date of injury Date of injury Place data State or country) Mannar of injury Nature of injury	7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at #1.34.P.m.
SAVER, BOKKEPER, etc. 9. Industry or business in which was was as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and years) spant in this years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or equuntry) 15. MAIDEN SAW MILL, SAW MILL, SAW MILL, SAW MILL, SAW MILL, SAW MILL, BANK, atc. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT AND SAW MILL, SAW MILL, SAW MILL, SAW MILL, SAW MILL, SAW MILL, BANK, atc. (Address) 18. BURIAL, CREMITION, OR REMOVAL) Place MALL, CREMITION, OR REMOVAL) Place MALL, CREMITION, OR REMOVAL) Place MALL, CREMITION, OR REMOVAL MALL MALL MALL, CREMITION, OR REMOVAL MALL MALL MALL, CREMITION, OR REMOVAL MALL MALL, CREMITION, OR REMOVAL MALL MALL MALL, CREMITICAL MALL M		were as follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN MEAN MAINT 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER AT This State Of Maintenance of Injury (Signad) 19. UNDERTAKER AT THIS STATE OF MAINTENANCE (Signad) (M. D.	8. Trede, profassion, or particular kind of work done as SPINNER,	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN MEAN MAINT 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER AT This State Of Maintenance of Injury (Signad) 19. UNDERTAKER AT THIS STATE OF MAINTENANCE (Signad) (M. D.	9. Industry or business in which work was dona, as SILK MILL, SAW MILL RANK atc. SAW MILL RANK atc.	amendas fibrillation 1-11-37
Other Centributery Causes of Importanca: Other Centributery Causes of Importance Was there an autopsy? M. Other Centributery Causes of Importance Other Centributery Causes Other Centribu		Patient died very audduly
What tast confirmed diagnosis? Was there an autopsy? 15. MAIDEN SAFE AND		Other Contributory Couses of Importance:
What tast confirmed diagnosis? Was there an autopsy? 15. MAIDEN SAFE AND	13. NAME Ordam / Smith	
What tast confirmed diagnosis? Was there an autopsy? 15. MAIDEN SAFE AND	14. BIRTHPLACE (city or town)	Name of operation. Date of
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER 19.	(State of white)	What tast confirmed diagnosis? Dugsta - Augusta Was there an autopsy? M
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER 19.	I 15. MAIDEN MAN Jane Holbert	
Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Arm. Still Cape Date II., 1927. 19. UNDERTAKER Arms Still Cape (Address) 24. Was disaasa or injury In any way ralated to occupation of deceased? (Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Mannar of Injury Nature of injury 19. UNDERTAKER Arms Still Cape (Signad)	O 16. BIRTHPLACE (city or town) (State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place In the State In Date III., 1937. 19. UNDERTAKER In the State III., 1937. 19. UNDERTAKER In the State III., 1937. 24. Was disaasa or injury in any way ralated to occupation of deceased? It so, specify If so, specify If so, specify If so, specify III. 20. FILED IN THE STATE	17. INFORMANT Harry N. Smith	(Specify city or town, county and State)
(Address) 20. FILED Dec 7 1977 70 8 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18. BURIAL, CREMATION, OR REMOVAL	
20. FILED Dec 7 1977 Jos & France To. (Signad) harale of plentant, M. D.	4 4	24. Was disaasa or injury In any way related to occupation of deceased?124
	20. FILED Dec 7 , 1977 Jos. O. Franka To.	(Signad) highle of plengent M.D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ann Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

DDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93
County allegany	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos,ds,
2. FULL NAME Susan Al Reference So (a) Residence: No. House Red Colliers Ru	nder If U. S. Veteran, specify WAR N St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write tha word)	21. DATE OF DEATH Jee 15 193. 7 (Month) (Day) (Yaar)
58. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
A sing of the sing	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) While 13 1849	I last saw h aliva on, 19; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.
88 8 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic My ocurates
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	_
11. Total time (years) this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) Knymed h. Va	Other Contributary Canses of importance:
E L'	Nama of oparation
14. BIRTHPLACE (city or town) (Stata or country)	What tast confirmed diagnosis? Was there an eutopsy?
	23. If daath was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME many Scoth 16. BIRTHPLACE (city or town) Krngword 1. Va (State or country)	Accident, suicida, or homicide? Date of Injury, 19
17. INFORMANT Alongo E. Fraker (Address) Collins Am	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MA Herman Candate dec 17, 1937	Manner of Injury
19 UNDERTAKER Lynis Stim Inc.	24. Was disaase or injury In any way ralated to occupation of daceased?
(Address) Compression	If so, specify - OD - A
20. FILED Dec 17, 1937 & P. tranklin, M. A. Registrar.	(Signed) Sauling Corone

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN B 1998	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12567
	1. PLACE OF DEATH	<u>——(A3)</u>
bould OCC	County allegany	Registration Dist. No.
sho of C	Village or City The Savage (If	No. Collow St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrs,mos	How long In U. S. if of foreign birth?yrs mos, ds.
Ever	2. FULL NAME Harold Desalles &	nyder
PHYSI PHYSI act stat	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
P) P)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT R LY.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Sorrice the word)	21. DATE OF DEATH (Month) 2 (Day) (Year)
CT CT sife	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
X X A Class	Sold	., 19, to, 19
	6. DATE OF BIRTH (month, day, end year)	I last saw h; death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.
IS IS propertie	19 3 / 4 nos, min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
HIS I	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Cycidentist death by
K—TH lould may back	kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
	SAW MILL, BANK, etc.	
INI INI INI INI INI INI INI INI INI INI	and decapatiful (midital Ming a Spent in this	
NFADING I NFADING I pplied. AGE erms, so that instructions of	year) Sept 175.1 Occupation 1 MLO.	Other Contributory Causes of importance:
So So Icti	12. BIRTHPLACE (city or town) W. Sayange (State or country)	
FA ied ied ns, stru		
All here had been	14. BIRTHPLACE (city or town). Was burgers burgers	
20 = 00	14. BIRTHPLACE (city or town).	Name of operation Date of
4 2 2		What test confirmed diagnosis?
INLY, We be carefully EATH in plainportant.	E do Al	23. If death was due to external causes (VIOL ENCE) fill in also the following:
AINLY, ld be car DEATH y import	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
INI be im		Where did injury occur? (Specify city or town, county and State)
PLA hould OF D	(Address)	Specify whether injury occurred in INDUSTMY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION OR REMOVAL	Manner of injury Electroeution
	Place In allo dist Com Date Fee 31, 1937	Nature of injury
WRIT Intion CAUSE TION I	The savage	24. Was disease or injury in any way related to occupation of deceased?
TEGE	19. UNDERTAKER (Address)	If so, specify
	11251.37 AV (Sp. 1.11.20.8)	(Signed) Gly Claulingay For on you
Z	20. FILED DIA 3 19 3 1 19 2 1 Registrar.	(Address) Christy Jud
13:	If more blanks are needed, address State Registrar,	24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.
, 20	olule.	

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Example I	===1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chronie interstitial nephritis IAN 4 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Cerebral hemorrhage	A TANADA		
- 1870 BOOK			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilep	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Perilonities	3 days ago	
	1810		
	Other contribute v causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilep 1921 Run over by street car July 5, 1927 Peritonitys Other contribute v causes of importance:	

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 12569
County Allanarra	Registration Dist. No.
	110 11-1-10
Village or City & monthuland	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Golden Stein	If U. S. Veteran, specify WAR
(a) Residence: No. 605 D. Mechanico (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED ON DIVORCED (white the word	lee 2 193/
a. If merried, widowed or divorced	(Month) (Day) (Year)
HUSBAND of Grander B Stern.	22. I HEREBY CERTIFY. That I attended deceased from Per 13 1937, to Like 2 1937
DATE OF BIRTH (month, day, end year) 41 2 1903	I lest saw h. M. aliva on Alee 2 , 19.37; death is said
. AGE Years Months Deys If LESS tha	
34 10 - 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Terminal desucho
SAWYER, BOOKKEEPER, etc.	purania.
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and spent in this	Encephalitis lethargies is meant.
year) occupation	Ohn Carthele County I market on C
2, BIRTHPLACE (city or town) Hestimber .	Other Cantributary Canses of Importance:
(State or country)	· ences Ratele.
13. NAME James V. Brady	0
14. BINTHPLACE (city or town)	Neme of operation. Vouse Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAMESTING Briderick	23. If death was due to external causas (VIOL ENCE) fill In also the following:
15. MAIDEN NAME In a British	Accidant, suicida, or homicida? Oata of Injury
(State or country)	Where did injury occur?
7. INFORMANT largue 13 stim	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place to leter + lando land de 6,19.	27
you: 11. 9.	24. Was disease or Injury In any way releted to occupation of decaased?
9. UNDERTAKER (Addiess)	If so, spacify
Do 11 3- OPE auti m	(Signed) John K Comme MA M. O
0. FILEDOVICE 7, 193 J. J. Markety 11. of	na Bedlack SI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(0 ()	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	(1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	12570
County Allegany		Registration Dist. No.	4
Village or City Comm	Ausland.	No. 313 Ochley S	1. /- J Ward
	24 6	death occurred in a hospital or institution give its NAME instead of street	
Length of residence in city of town when	e death occurredyrsmos	ds. How long in U.S. if of Goreign birth?yrs	mos
2. FULL NAME Ohast	io a. steme		
(a) Residence: No. 3/3 K	(Usuatplace of abode)	St., Ward. If nonresident give city or toy	vn and State
PERSONAL AND STATIS	- //	MEDICAL CERTIFICATE OF DEA	TH
3-SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 7
Inple Marte	manuel	(Month) (Oay)	(Year)
5a. If married, widowed, or divorced HUSBAND of	VII	22. HEREBY CERPIFY, That I at	tanded deceased from
(or) WIFE of Carrie	rughant	5 7.6 - 198 /, to 18-	//-, 19.3
6. DATE OF BIRTH (month, day, and year)	me 11 1860	I last saw in the alive on	9. J. , death is said
7. AGE Years Months	Days if LESS than I day,	to have occurred on the date stated above, a	
77 6	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sale on tenda A	16 Ropins	
SAWYER, BOOKKEEPER, etc.	1 0 1	(1) De 10 m	7
Saw MILL, BANK, etc 10. Date deceased last worked et this occupation (menth and	: nd dy	non retire	•
	11. Total time (years) spent in this	(Unemia)	
year) full med 17.	occupation 6.0	Other Contributory Causes of Importance;	
12. BIRTHPLACE (city or town)(State er country)	Storland of	Appenduaro	
	Atimia		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Q 1	Name of operation 1000 Da	ite of
(State or country)	That.	-6	ere an autopsy?
15. MAIDEN NAME Cathur	ie thuckard	23. If death was dua to external causes (VIOL ENCE) fill in also the f	ollowing:
16. BIRTHPLACE (city or town)	Jan J	Accident, suicide, or homicide? Data of Injury_	, 19
State or country)	7.00	Where did injury occur? (Specify city or town, county	and State)
17. INFORMANT June 11 Min	r // stem	Specify whether injury occurred in INDUSTRY, in HDME, or in PUB	LIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Morna	Manner of injury	
Place Por Joll	empate 410 14, 1937	Nature of injury	
Jani H	900	24. Was disease or injury in any way related to occupation of decea	sed? 222
19. UNDERTAKER AMERICAN (Address)	wheelend.	If so, specify	
20, FILED Dec 14, 1937 Q.	1. Franklin M.	(Signed)	W.
	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
		DE 23 1927	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

V. S. No. 1 N. B.

AD. Every item of inforgation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AON is very important. See instructions on back of certificate. -WRITE PLANEY, WI

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
County allagany	Registration Dist. No.
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long In U.S. If of foreign birth? yrs. mos. ds
(a) Residence: No Letter photo Manufanol (Usual place of abode)	awast If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX A. COLOR OR RACE S. SINGLE, WARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DECEMBER 13 (Dey) (Year)
is. If married, widowed, or divorsed HUSBAHD of (or) WIFE of Of Cleans Stewars is. DATE OF BIRTH (month, dey, end year) Fiel-20, 1870 is. AGE Years Months Deys If LESS than	JAIY 3 1997, to SECEMBER 13, 1937 I last saw h. R. alive on DECEMBER 12, 1937; death is said to heve occurred on the date stated above, et. 10. P
67 9 23 Iday,hr	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
year) year) occupetion year) occupetion year) (State or country)	Dther Contributary Causes of Importance: ARTERIO SCHEROS VS. DINBERES MELLIXUS. 1930.
13. NAME Dat hew Cinfderson 14. BIRTHPLACE (city or town) (Stete or country) Colland	Name of operation Dete of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) (Address)	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DE REMOVAL Place Of Fully Concless Dec 16, 1937	Menner of Injury
19. UNDERTAKER De Cicheron (Address) Caraconing Mo	24. Wes diseese or injury in any way releted to occupation of deceased? \(\sumset \) \(\begin{align*}
20. FILED Dec 15, 1930 af Daymbaffer 174, Registrar.	(Signed) and Taxwhaker M. I. (Address) Maskeyuport Ind.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		3000
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

CORPORATE LIMSTFATE OF MARYLAND—CERTIFICATE OF DEATH

PHYSICIANS should state

IS A PERMANENT RE stated EXACTLY. properly classified. Exa

UNFADING INK-THIS

AGE should be

supplied.

mation should be carefully

MARGIN RESERVED FOR BINDING

of OCCUPAR

Exact statement

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CAUSE OF DEATH in plain terms, so that it may

1. PLACE OF DEATH		95-0	
County Allegany	,	Registration Dist. No. 4	
Village or City	An (II	No. 5 0 8 2 2 2 3 4 5 5 6 death occurred in a hospital or institution, five its NAME instead of street and nutricular. ds. How long In U.S. if of foreign birth? yrs. mos.	
2. FULL NAME CAROLI	me & Stateh	If U. S. Veteran, specify WAR	
(a) Residence: No. 508	(Usual place of mode)	St., Ward. If nonresident give city or town and St	ate
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Stiteler	22. OF HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than Lday,hrs.	to have occurred on the data stated above, at 2 20 Age. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data daceasad last workad at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	11. Total tima (years) spent in this occupation heland	Other Contributory Causes of Importance: Name of operation What test confirmed diagnosis? Accident, suicide, or homicida? Where did Injury occur?	topsy?
17. INFORMANT / States (Address) Sample 18. BURIAL, CREMATION OR REMOVAL Place Sto Litar & Analysis	Land.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC Manner of Injury Nature of injury)E.
19. UNDERTAKER Armso Stern (Address) 20. FILED Use - 31, 1937 9.1.	Franklin M. D.	24. Was disease or injury in any way ralated to occupation of daceased? If so, spacify (Signed) (Address) 4. Secure Se	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	1000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis RLCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1938	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

WITI		STATE OF MARYLAND—	CERTIFICATE OF DEATH	
	ould state OCCUPA-	1. PLACE OF DEATH	12573	
		County ALLEGANY	Registration Dist. No.	
	E E	~~~··J	No St 6 - 6 Ward	
	- 10		death received in Allegetta for institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
	ro. Every	n/4		•
ī	SICI taten	2. FULL NAME Chlor Attump (a) Presidence: No. 3II GRAND AVE. CUMB	If U. S. Veteran, specify WAR	-
0		(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State	
	PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	EX.	FEMALE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH DECEMBER 22, 1937 (Yeer)	-
N	A C T I	5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, Thet ettended decessed from	- m
BINDIN	A A lass	(or) WIFE of	12-29-1037,10/2-12-103	7
BIN	EKM EX / clas	6. DATE OF BIRTH (month, day, and year) NOV. I5 , 9%	I last saw how elive on 12-21-, 19-77; deeth is sale	d
8	ed ed fica	7. AGE Years Months Days If LESS than I dev	to have occurred on the date stated above, at 3-, 30-mA . M .	
FO	IS A PE. stated E properly certificate.	17 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ī
Q	be be	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Bon sha (Men ha	10
RESERVEL		kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) spent in this	The second of th	1
ER	hould t may back	SAW MILL, BANK, etc.		
ES	E shat it at it son	10. Date deceased last worked at this occupation (month and year) occupation occupation		-
	NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) MARYTAND	Other Contributory Canses of importance:	
MARGIN	d. d. s, sc	(State or country)	Chifenen 1216	3
RG	Supplied supplied n terms, ee instri	LI 13. NAME KELLY STUMP		/
MA	0 th C	13. NAME KELLY STUMP 14. BIRTHPLACE (city or town) MARYLAND	Name of operation Dete of	
	lly sla	(State of Country)	What test confirmed diagnosis? I frage Change an autopsylve	2
	PLAINLY, WI nould be carefully OF DEATH in pla very important.	15. MAIDEN NAME CORA MUSE 16. BIRTHPLACE (city or town/MARYLAND)	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following:	
	be car EATH import	I6. BIRTHPLACE (city or town) MARYLAND (State or country)	Accident, suicide, or homicide?	
46	be EAC imp	T. H. T.ACEY	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	-
1	Should OF D	17. INFORMANT 3II GRAND AVE., CUMBERLAND, N		
	S C S	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	WRIT ntion TON i	Place Tose Hill autore Noe 24, 1937	Nature of Injury	
-	EAF	19. UNDERTAKER Journ Heur dere	24. Was diseese or Injury In eny way reteted to occupation of deceased?	c_
. No.		(Address)	(Signed) V. F. W. M. M.	D
> 0;	Ż.	20. FILEDULA dd, 1937 X . I . Mackellon Registrar.	(Address) Storland In	2
	DR.W	ILLIAMS If move blanks are needed address State Positioner	Acce N. Charles Street Relaimore Properties 7) S. No.	

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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DR. A.JONES

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	- Control of Control o		
Other contributory ca	uscs of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				19/70

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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DR. A. JONES

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Chronic interstitial nephritis 1921 Run over by s Cerebral hemorrhage July 5,1927 Peritonitis	
Cerebral hemorrhage July 5,1927 Peritonitis	treet car 1 week ago
JAN 6 1938	3 days ago
Other contributory causes of importance: Other contri	butory causes of importance:
Gallstones May 1,1923 Gastroenteriti	s 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	DI	THISICIA

PERSONAL AND STATISTICAL PARTICULARS SEX A COLOR OR RACE SINGLE, WARRIED, WARRIED, WIDOWECE OF DIVORCED (Write the word) DATE OF BIRTH AGE If LESS than Iday, hrs. B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) DIRTHPLACE (State or country) DIRTHPLACE OF ATHER CState or Country) TO NAME OF OF MOTHER OF MOTHER OF MOTHER (State or country) MANRIED, WARRIED, WARRIED	Village or City Londedung (No. NITHY	Registration Dist. No.
S SEX 4 COLOR OR RACE MERISED, MIDONCED OR DIVORCED OR DIVORCED (Write the word) 5 DATE OF BIRTH Du 9 17 I HEREBY CERTIFY, That I attended the deceased that I last saw h	¥T. (1)	steed of street
MARNESD. WIDOWGCD OR DIVORCED (Write the word) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased (Month) (Day) (Year) (Year) (Intelligence of the date stated above, at	PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
AGE CATOMER OF BIRTH 1937 1937 132 to 1932 1932 1932 1933	MARRIED, WIDOWED, OR DIVORCED OR DIVORCED	The 900 1927
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) (Advent on the date stated above, at and that death occured on the date stated above, at and the date stated above, at and the date sta		17 I HEREBY CERTIFY, That I attended the deceased f
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 MAIDEN TRUE TO THE BEST OF MY KNOWLEDGE TO BUSINESS OF BURIAL OR BEMOVAL DATE OF BURIAL OR BEMOVAL PATE OF BURIAL OR BEMOVAL PATE OF BURIAL OR BEMOVAL DATE OF BURIAL OR BEMOVAL PATE	(Month) (Day)	113 that I lest saw h
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(Signed) Justion) 10 NAME OF FATHER Edgar Trenum 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Duration) (Contributory Secondary (Signed) (S	8 OCCUPATION	
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Contributory Secondary (Signed) (Signed) (Signed) (Address) State (I) Means of Injury and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Tients or Recent Residents) At place of death Where was disease contracted, if not at place of death? Former or usual residence. 19 FLACE OF BURIAL OR REMOVAL PATE OF BURIAL	(a) Trade, profession or	Sull from infant
10 NAME OF FATHER Edgar Trenum 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Death, or, in Geaths frow Violent Causis, state (1) Means of Injury and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, To institutions,	particular kind of work (b) General nature of industry	Still from infunt
Signed Sig	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Placenta Baluis.
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12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 LENGTH OF RESIDENCE (For Hospitels, Institutions, Tients or Recent Residents) At place of death yrs	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory Placenta Praevice Secondary (Duration) yrs. mos.
At place of death yrs mos ds. State yrs mos where was disease contracted, if not at place of death? (Informant) At place of death yrs mos ds. State yrs mos where was disease contracted, if not at place of death? Former or usual residence.	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Lagar Trinum (1) BIRTHPLACE	Contributory Placenta Bralvia (Duration) yrs mos (Signed) Hurry In Hoffy In Marketing In
(Informant) if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OF BURIAL OF BURIAL	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MA	Contributory Secondary (Duration) (Signed)
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	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in Geaths from Violent Causes, state (1) Means of Injury and (2) whethe Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trients or Recent Residents) At place of death yrs mos. ds. State yrs mos. Where was disease contracted, if not at place of death? Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can he known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; if nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Lahorer," "Foroman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). business, that fact may he indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, (b) For persons who have no occupation Automobile factory. The material Salesman, Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISAEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menin itis"); Diphtheria (avoid use of "Croup"); Spinal menin itis"); Diphtheria (avoid use of "Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia.")

"(Exhaustion," "Heart lange," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Weakness," etc., when a definite disease "Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may he stated under the head of "contributory" State cause for which surgical operation was under-"Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of earbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can he ascertained as the cause. (secondary or intercurrent) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid 'Congenital,' "Senile," etc.), "Dropsy, Chronic valvular heart disease; Example: Mcasles (disease affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate in permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN	
				-4-			,

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Gallstones	May 1,1923	Gastroenteritis	1 year
			5

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	1. PLACE OF DEATH County Allegany	Registration Dist. No.
11		
	Village or City MEMORIAL HOSPITAL (If d	No. St. 6 Ward death occurred in a hospital or iostitution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds.
	2. FULL NAME WARE? JANE MRS.	If U. S. Veteran, specify WAR
	(a) Residence: No. Hyndman, Penna.	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH December 11, 1937, 193, (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WARE, HENRY	22. I HEREBY CERTIFY. That I attended deceased from 14 CMy Sea # 19 37 to 19 31
e.	6. DATE OF BIRTH (month, day, and year) Feb. 1887	Hast saw h = alive on Dee + 1 2 37: death Is said
ficat	7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at 5:26 mP • M • The PRINCIPAL CAUSE OF DEATH and related causes of Importance
f certificate	8 Trade profession or particular	wera as follows: Date of onset
k of	kind of work dona, as SPINNER, HOUSEWIFE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaasad last worked at 11. Total time (years)	Costmens,
back	work was done, as SILK MILL, SAW MILL, BANK, etc.	Trivolary Cause of the intestical chatmuctions
no	O this occupation (month and spent in this	Astrice in flammation. Duration ! sex months.
instructions	yaar) occupation	Other Contributory Couses of Importance:
1CL	12. BIRTHPLACE (city or town) PENNA . (State or country)	
		National States
220		Nema of operation for portation Data of 12/12/3
	4. BIRTHPLACE (city or town) PENNA (State or country)	What tast confirmed diagnosis? Confirmed Description of the Power there an autopsy?
nr.	# 15. MAIDEN NAME UNKNOWN	23. If daeth was due to axtarnal causes (VIOLENCE) fill in also the following:
important.	15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
npo	∑ (State or country)	Whara did injury occur? (Specify city or town, county and State)
	17. INFORMANT MEMORIAL HOSPITAL (Address) Cumberland, Md.	Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
28	18, BURIAL, CREMATION, OR REMOVAL	Menner of Injury
2	Place 1 games Date Du 13.19.3.	Nature of Injury
后	15. OHOLHTARLE	24. Was disease or injury in any way related to occupation of dacasasd?
	20. FILED Off 15. 1937 A. P. Tolenblin Mo	If so, spacify (Signed) M. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephrifis DOOD B MAL 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

A STATE OF THE STA	
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	()
to auchoristing to chave date or leath see form	Teled under
Enfield. 2/1938 B.	
V	

V. S. No. 1

	STATE O	F MARY	LAND-	CERTIFIC	CATE OF	DEAT	H ,	2580
1. PLACE OF DE	АТН				(21)		I.	-1
County All	egany				R	egistration Dist	. No	4
Village or City	Cum	Helmo	42	No. 229	epital or institution, g	ive its NAME ins	St., এ	number) Ward
Length of residance I	n city or town where de	eath occurred 54		sds. How lo				
2. FULL NAME.	many Es	lizakt	1 Gils		S. Veteran, speci	fy WAR		
(a) Residence: No	. It was	(Usual place of	abode)	St.,W	ard.	f nonresident give	city or town and	d State
PERSONAL A	ND STATISTI	CAL PARTIC	ULARS	ME	DICAL CERT	IFICATE O	F DEATH	
Honale 1	OLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	ED, WIDOWED,	21. DATE OF	He	c nth)	/ ·	, 193. 7
5a. If married, widowed, or HUSBANO of (or) WIFE of	divorced	1 Quil	nd	22. nor. 10	EREBYC			
6. DATE OF BIRTH (month,	day, and year) Se	hr 10	1864	l last saw h	alive on 192	oy. 29		, 19 2 .7 ; death is said
7. AGE Years	Months	Deys	If LESS than	to heve occurred on	the date stated above	re, at 3 A	.m.	
73	2	20	1 day,hrs.	The PRINCIPAL CA	USE OF DEATH and	related causes of	importance	Date of paset
SAWYER, BOOK 9. Industry or busines work was done, SAW MILL, BAN	ne, as SPINNER, KEEPER, etc	Jensen	Je	Chri	ni w	phit -	>	1934
10. Data deceased last this occupation (year)	worked at month and		e (yaars) in this ation	Other Contributors	Causes of Importance			
12. BIRTHPLACE (city or to	wn) Hashr	noton	1	- Contraction	causes of importance			
(State or country)		, d	1.10.	- Ch	much N.	y motor		1934
13. NAME	mh &	ann			my oran	Dit-		
13. NAME 14. BIRTHPLACE (city of (State or country)		Iselano	L .	Name of operation.	I diagnosis?		Date of	
15, MAIDEN NAME	non a	Balana	em/	23. If death was due				
15. MAIDEN NAME	or town)	9	1	Accident, suicide, o	r homicide?			
17. INFORMANT AND (Address)	Ella	Fyssyr		Specify whether inj		pecify city or tow USTRY, in HOME,	n, county and Sta or in PUBLIC P	ale) LACE.
18. BURIAL, CREMATION C	R REMOVAL	nobata 12	3 ,19.37	7				
19. UNDERTAKER (Address)	noster	in Ire	-	24. Was diseese or i	njury in any way rel	ated to occupation	of decaased?	
20. FILEO Rec	19.37 8	trankl	Registrar.	(Signed)	ss) Suu	to Just	Land	M. I

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon			

##¥ €	STATE OF MARYLAND-	CERTIFICATE OF DEATH 12581
infor- state UPA.	1. PLACE OF DEATH	- Davet
occ of	County Allegany	Registration Dist. No. 4
item of should of OCC	Village or City Cufmlefoland	No. allegany Angelul St., 4-1 Ward
S A		death occurred in a horpital of institution, gife its NAME instead of street and number) 2.2. ds. How long in U.S. if of foreign birth?mosds.
Every CIANS ement	2. FULL NAME Millon Ernest Hil	If U. S. Veteran, specify WAR
PHYSICIANS	(a) Residence: No.	St. Ward. Frantsville, Indi
	(Usual place of abode)	If nonresident give city or town and State
RI. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
E A	male 3thite nursed	21. DATE OF DEATH (Month) (Day) (Yeer)
IDING MANEN ACTI assified.	5a. If marriad, widowad, or divorced HUSBAND of OCT. WIFE-64	22. I HEREBY CERTIFY, That I attended daceased from
BIND] ERMA EXA y class te.	Collen Straig	Deember 4 , 19 37, to DEcember 26, 1937.
BINJ PERM EX. Iy cla ate.	6. DATE OF BIRTH (month, day, and year) Set 2, 1881	I last saw h 4 22 alive on December 26 , 1937; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
FOR IS A I stated properly	36 10 24 ormin.	wera as follows: Date of onset
- 00	8. Trade, profession, or particular kind of work done, as SPINNER, RAWYER, BOOKKEEPER, etc	Was in the second
	SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date dacased last worked at this occupation (month and spent in this occupation (month and spent in this occupation).	To Maralysis Allen
VK-T should it may n back	SAW MILL, BANK, etc	
Si ti si	10. Date dacaesed last worked at this occupation (month and yaer)	Chavin Meghalde ?
7 4 - 9		Other Contributary Causes of importence:
IN I	12. BIRTHPLACE (city or town) (State or equatry) Manual	
UNFADI UNFADI upplied. terms, so	I 13. NAME James P. Styley	
T DHT .	14. BIRTHPYACE (city or town) Usekaslus	Name of oparation Date of
.= co	(State of Country)	What test confirmed diagnosis? Bend Court Germen Was there an autopsy? 200
Wrefully in pla	15. MAIDEN NAME Barbara Myers	23. If daath was due to external causes (VIOLENCE) fill in also the following:
EATH in 1	16. BIRTHPLACE (city or town) Lukewards (State or country)	Accident, suicide, or homicide? Date of Injury, 19
ALALY, d be cal DEATH	(1.01 24.0	Where did injury occur? (Specify city or town, county and State)
PLA hould OF D	17. INFORMANT Stilled frilly and .	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
T-2 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
[+]	Place frontaselle Date A. 2. 7, 1987	Nature of Injury
-WRIT	19. UNDERTAKER Allow allintulus	24. Wes disaase or injury in any way related to occupation of deceasad? 200
9 1 50 7	(Address) syrondrylle odd	If so, spacify
N. S. N. B.	20. FILED Sec - 2, 1937 J. Frankler, M. D. Registrar.	(Signed) Samuel Control M. D. (Address) 1/9 Broken St.
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Other contributory causes of importance:		Other contributory causes of importance:	
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Registrar.

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(Address) _____

STATE OF MARYLAND-CERTIFICATE OF DEATH

CORPORATE LIMITS.

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	Example I		Example II	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis :	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis and	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN G 1938	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1938			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE hation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY, W

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	(23)
County allegans	Registration Dist. No.
Village or City Knowl Mary	NO. St., Ward [f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME James C. Winba	If U. S. Veteran, specify WAR
(a) Residence: No. 31 Cemeters Page	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
M OR DIVORCED (write the word)	(Month) (Day) (Yar)
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Any 39-1918	22. 1 HEREBY CERTIFY, Thet I attended deceased from
100 7 1100	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Nov. 29, 1908	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
5-9 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:
8 Trade, profession, or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Tuberculosis
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his necuration (month and	V
SAW MILL, BANK, etc.	
- 1 Shairt in this	
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	Sind Statistics of Importance.
(State or country)	
13. NAME Samuel Winfreamer	
13. NAME Samuel Wanfreamer 14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Can. A11.	Where did injury occur?(Specify city or town, county and State)
17, INFORMANT ATTO CLease Winforms	Specify whather Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	()
Place for Luna Cemelery Oate Dec 4, 1937	Mannar of injury
110010	Nature of injury
19. UNDERVAKER ALLENDER	24. Was disease or injury In any way releted to occupation of deceesad?
(Address) () Jeroelburg, md.	If so, spacify A. A.
20. FILEO/2 - 4 19 37 Mes a.R. Stacker	(Signad) Lever auch cya con one m. o
Registrar.	(Address) Aug Mal
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Evample II

Example 1	12	Example 11			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage JAN 4 1938	July 5,1927	Peritonitis	3 days ago		
THREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			1		

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—

1. PLACE OF DEATH			<u> </u>	7	
County allegany.			Registration Dist. No.		
Village or City Phrastilu Length of residence in city or town where	death occurred		No. 62 Demand St., death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth? yrs. mos		
0-		D /	. 1		
(a) Residence: No. 62 On		of abode)	Ustary, Malid / If nonresident give city or town and S	late	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE W.		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 2-22 (Month) (Oay)	193-7	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Muscann	uge		22. I HEREBY CERTIFY, That I attended do	eceased fro	
6. DATE OF BIRTH (month, day, and year)	12-22	-37.	I last saw h alive of unay 19	death is sal	
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at		
8. Trade, profession or particular kind of work done as SPINNER, SAWYER, BOOKKEEPEB etc			7,	Date of onse	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	a		2		
10. Oato deceased last worked at this occupetion (month end year)	11. Total ti spar occu	me (years) nt in this pation	The t		
12. BIRTHPLACE (city or town) Froathung , M. C. (State or country)			Other Contributory Causes of importance:		
13. NAME John J. Wo	skeme	v.			
13. NAME John J. Workensen. 14. BIRTHPEACE (city or town). Trastlung, Mrd. (State or country)			Name of operation Date of What test confirmed diagnosis? Was there an au	lopsy?	
15. MAIOEN NAME anna E	: wielon	eld-	23. If death wes due to external causes (VIOLENCE) fill in also the following:		
15. MAIOEN NAME anna E. wichreld - 16. BIRTHPLACE (city or town). Fractlung ind.		Accident, suicide, or homicide?			
(Stete or country) 17. INFORMANT Mrs: Jolian J. Workman: (Address) Tracturing, Mrs. 18. BUNTAL CREMATION, OR REMOVAL Place Frontling, Mrs. Oate 12/22, 1937					
					19. UNOERTAKER (Address)
20. FILEO 12 - 99, 19 77	mis al	R Walke Registrar.	(Signed) HC Aluly (Address) Frostling Mad	M,	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
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Other contributory causes of importance				
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TIMENTALINATION	OI ALVIA	A CILL	Y O TO T TITLE	DIALLMANTANTO	10 4	T TE T OF CETT